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ABSTRACT

The development and evaluation of a nontraditional program with a major in Long Term Care Administration is presented. Part 1 presents an evaluation of the impact of the program on students, faculty, the curricula for long term care administration, and in the field of practice. Student characteristics are established and the performance of the nontraditional group is compared with traditional students. Faculty reaction to participation in a nontraditional program and assessment of students' abilities are reported. The curriculum design and study material development are explained, and evaluation of long term benefits of the program to the field is discussed. The second part focuses on an evaluation of the program and curriculum goals. Findings from surveys are synthesized to determine the appropriateness of each goal, their priority rating, and an indication of their achievement or potential women and minorities and (2) the potential of the program in accommodating lifelong learning and/or continuing education. Data are presented on the experience of the program with women and minorities' applications and enrollment, problems in the program, retention rates, and reasons for withdrawal. An assessment of potential for fulfilling lifelong learning and/or continuing education needs is made. Findings are reported and summarized in the final chapter. Appended are extensive tables, survey forms, and a brief bibliography. (Author/PHR)

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EVALUATION
of a
BACCALAUREATE EXTERNAL DEGREE PROGRAM
in
HEALTH SERVICES ADMINISTRATION
with a
MAJOR in LONG TERM CARE ADMINISTRATION

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS ii

LIST OF ADVISORY BOARD MEMBERS iii

TABLE OF CONTENTS. v

Chapter
1. OVERVIEW

Introduction 2
Evaluation Methodology 4
Organization of Report 6

PART I. IMPACT OF THE PROGRAM

Chapter
II. IMPACT OF STUDENTS

Demographic Characteristics 11
Experience Status 12
Educational Characteristics 16
Pre-Testing of Students 24
A. Knowledge and Skill Competencies 24
B. Attitudes 25
C. Self-Rating Scales 28
Summary 33
Student Performance 36
D. Completion Rates 36
E. G Grade Record 39
F. W Grade Record 41
Post Survey of Students' Attitudes Towards the Non-Traditional Program 43
Summary 49

Chapter
III. IMPACT OF CURRICULUM

Curriculum Development 52
Evaluation of Courses 57
A. Health Care Economics 57
B. Human Relations In Organizations 58
C. Health and Society 59
D. The Health Delivery System 60
E. Evaluative Concepts and Practices 61
F. Personnel Adminstration 62
G. Labor-Management Relations 63
H. Financial Management 64
I. Introduction to Gerontology 65
J. Administration of Patient Care Services I 66
K. Management Theory and Organizational Theory 67

L. Regional Health Planning 68
M. Applied Legal Issues 69
N. Health and Aging 70
O. Public Policy and Long Term Care 71
Summary 71

Chapter IV. IMPACT ON FACULTY

Responses to Questionnaire 75
Interview Responses 83
Summary 86

Chapter V. IMPACT ON THE FIELD

Impact on the Field 90
Summary 94

PART II. EVALUATION OF GOALS

Chapter VI. EVALUATION OF PROGRAM AND CURRICULUM GOALS

Evaluation of Program and Curriculum Goals 97
Summary 103

PART III. POTENTIAL OF NON-TRADITIONAL PROGRAM

Chapter VII. POTENTIAL FOR MEETING NEEDS OF WOMEN AND MINORITIES

Potential for Meeting Needs of Women and Minorities 106
Summary 110

Chapter VIII. POTENTIAL FOR ACCOMMODATING LIFELONG LEARNING AND CONTINUING EDUCATION

Potential for Accommodating Lifelong Learning and Continuing Education 112
Summary 114

PART IV. SUMMARY AND DISCUSSION

Chapter IX. SUMMARY AND DISCUSSION

Summary 117
Discussion and Recommendations 118

APPENDIX A - TABLES 121

APPENDIS B - FORMS 150

APPENDIX C - BIBLIOGRAPHY 199

CHAPTER I
OVERVIEW

INTRODUCTION

Education for health administration, a concern since the 1940's, was the subject of a recent national study by the Commission on Education for Health Administration.[1] Problems and issues in relating education and practice to an increasingly complex field were examined and recommendations for action were developed. Unmet educational needs for a number of health areas including the field of long term care were identified. Among the specific recommendations of the Commission were those for the use of diverse educational strategies and for graduate and undergraduate programs to prepare administrators for the area of long term care.

The development and field testing by the Graduate School of Public Health, University of Pittsburgh of a non-traditional program with a major in Long Term Care Administration was one effort to implement these recommendations.

The state of programming for the long term care field can be described as sporadic. Efforts to formalize it have been impeded by the misapplication of continuing education, originally used as a short-term measure to prepare practicing administrators for licensure, as the model of preparation for the field. Long Term Care content has continued to be overshadowed in degree programs by established health administration areas such as hospital administration. Faculty resources are lacking - those based in institutions of higher education lack the practical experience component, and practitioners from the field lack theoretical knowledge and educational skills. Organizations servicing long term care populations have had limited appeal to young

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[1] Report of the Commission, Education For Health Administration, 2 vols. (Ann Arbor, Mich.: Health Administration Press, 1975).

adults preparing for administrative positions in the health field thus presenting no incentive to established programs to allocate scarce financial resources for faculty knowledgeable about long term care administration.

Educational intervention at any level was and is important to this field. Two factors influenced the choice of the baccalaureate. The Commission[2] reported that in 1969 10 percent of nursing home administrators throughout the nation had a bachelor's degree. This statistic has undoubtedly increased as indicated by a survey of Pennsylvania administrators[3] that showed that 28 percent of those responding had bachelor's degrees. The second reason was, that of the states requiring a degree of new candidates for licensure, the baccalaureate level was specified by the majority.

The Long Term Care Administration major was conceived as an educational service to employed administrators. It was intended to make degree education available to practicing administrators to realize personal and professional goals not otherwise attainable. Thus the educational program was to be offered in a format that would facilitate participation by those whose life circumstances precluded participation in traditional on-campus programs. Raising the level of practice was the ultimate objective. As assumption was made that benefits would be realized more quickly by the formal preparation of those already holding administrative positions than by allowing normal conditions of attrition and replacement to take effect.

As defined in this project, the degree was non-traditional in that it would be awarded for learning mastered in traditional and non-traditional

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[2] Ibid., p. 56.

[3] Annabelle L. Kleppick and Nancy L. Costanzo, An Educational Needs Assessment Of Long Term Care Administrative Personnel In The Commonwealth Of Pennsylvania (Bethesda, MD.: ERIC Document Reproduction Service, ED 124713, 1976).

settings; it would incorporate a range of alternatives for meeting, substituting for, or waiving course requirements; and it would meet institutional standards designed to protect the quality and soundness of the curriculum components and program structure. The major instructional methodology was a semi-independent study mode utilizing materials developed according to the Process Individualized Curricula (PIC) model.

The development process included identifying goals for a baccalaureate degree program with a major in Long Term Care Administration, designing a curriculum structure, identifying courses, recruiting faculty, developing courses and announcing the program.

The implementation phase included recruiting and registering students, offering the courses, and collecting formative evaluation data.

EVALUATION METHODOLOGY

The principal evaluation methodology used to determine the impact of the major in Long Term Care Administration was formative evaluation. The role of formative evaluation for this project was to obtain information to improve products and processes of the program as it developed and to develop guidelines for subsequent users.

The evaluation objectives and instruments used for data collection were as follows:

1. To determine impact of the program on students.

   Objective A: To identify the characteristics of a non-traditional group by comparing their knowledge and skill competencies with a traditional student group.

   Instruments:

   1. Multiple choice one hundred item Health Admininstration examination measuring knowledge and comprehension levels.

2. Objective Health Administration test of 30 items measuring application skills.
3. Kogan's Old People's Scale (KOPS) measuring attitudes towards old people.[4]
4. Medical Opinion Survey measuring attitudes and values towards health care.

Objective B: To identify similarities and differences between students of external degree (i.e., non-traditional) programs and traditional on-campus baccalaureate programs in Health Services Administration.

Instrument:

1. Student Profile Survey providing demographic characteristics, prior experience, career plans, educational plans and self-perceptions of abilities (Form 1 in Appendix B).

Objective C: To determine student experience in the Long Term Care Administration major by an examination of their performance and attitudes.

Instruments:

1. Grade Rosters
2. G (Incomplete) Grade Survey (Form 2 in Appendix B).
3. W (Withdrawal) Grade Survey (Form 3 in Appendix B).
4. Post-Attitude Survey (Form 4 in Appendix B).

2. To determine impact of the curriculum.

Objective D: To determine the effectiveness of the curriculum in achieving the goal of preparing generalist health administrators for long term care organizations.

Instruments:

1. Student Evaluation of Courses (Form 5 in Appendix B).
2. Faculty Evaluation of Courses (Form 6 in Appendix B).

3. To determine impact of participation on faculty.

Objective E: To determine attitudes of traditional faculty towards participation in a non-traditional program and their perception of mature adult students' abilities.

Instruments:

1. Questionnaire (Form 7 in Appendix B).
2. Interview on selected problems.

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[4]This attitude scale was developed by Nathan Kogan with support from the National Institute of Mental Health, U.S. Department of Health, Education and Welfare under the auspices of the Age Center of New England, Inc. Dr. Kogan is currently on the faculty of the New School for Social Research, New York, N.Y.

4. To determine impact of the program on the field.

   Objective F: To determine the benefit to a field of a formal educational program for practicing administrators.

   Instrument:

   1. Student Profile (Form 1 in Appendix B).

5. To determine achievement of goals by the project.

   Objective G: To determine appropriateness and priority rating of program and curriculum goals and an indication of their achievement.

   Instruments:

   1. Advisory Board Task Force Rating (Form 8 in Appendix B).
   2. Student Rating of Competency Attainment (Form 9 in Appendix B).

ORGANIZATION OF REPORT

This report is divided into four major sections.

Part I presents an evaluation of the impact of the program on students, faculty, curricula for long term care administration, and the field of practice.

In assessing the impact on students (Chapter II) their characteristics are presented in comparison with a traditional student body to determine what, if any, differences exist for a non-traditional group of students in knowledge, skills, attitudes, and life circumstances that could affect the curriculum and program components. After establishing these characteristics, the performance of the non-traditional group is examined for completion rates in courses, prospects for completing unfinished course work, and reasons for withdrawal from the program or courses. Lastly the opinions of the non-traditional students on the value of their educational experience are reported.

Faculty reaction to participation in a non-traditional program and their assessment of non-traditional students' abilities are reported in Chapter III.

The curriculum design is described in Chapter IV and the processes of course identification and study material development are explained. An evaluation of the strengths and weaknesses of each course as shown by their field-testing is presented through student and faculty evaluations.

Chapter V discusses how educational benefits to a field can be determined and evaluates the possible long term contribution of the University of Pittsburgh program through an investigation into the future career plans of the students.

Part II focuses on an evaluation of the program and curriculum goals. In Chapter VI findings from various surveys are synthesized to determine the appropriateness of each goal, their priority rating and an indication of their achievement or potential for achievement.

Part III discusses a) the potential of the program for attracting women and minorities and b) the potential of the program in accommodating lifelong learning and/or continuing education. In Chapter VII, data are presented on the experience of the University of Pittsburgh program with women and minorities' applications and enrollments, problems in the program, retention rates, and reasons for withdrawal.

In Chapter VIII potential for meeting lifelong learning or continuing education needs is assessed through an examination of relevant background variables and educational needs of long term care practitioners.

Part IV is the concluding section. Chapter IX summarizes the evaluation of the project in terms of strengths and weaknesses and offers recommendations.

PART I

IMPACT OF THE PROGRAM

CHAPTER II
IMPACT ON STUDENTS

IMPACT ON STUDENTS

Definitive information is lacking on the characteristics of mature adult learners in formal educational programs. This is in contrast to the wealth of information about traditional students, i.e., young adults. Questions important to developers of new programs for adult learners are: what are characteristics, perceptions, and expectations of mature adults that may influence the nature of an educational program designed to supply a theoretical/practical component for an occupational field in which they are currently employed? Are such mature, employed students a unique group both in learning abilities and life circumstances?

A pre-program survey of a field generally supplies educational developers with broad information on the educational interests of a potential student group. More specific information on intellectual ability and program preferences must be obtained from other sources. One source of information would be to compare mature adult learners with traditional students for whom educational programs are normally developed. Information provided by such a comparison is useful as a source of feedback to a non-traditional program during the testing phase to enable the developers to monitor the progress of the program in accomplishing its goals and to take such corrective action as may be indicated.

Through the cooperation of the Department of Hospital and Health Administration, School of Allied Health Professions, of Virginia Commonwealth University, data on traditional students were secured from the entering class of students in their baccalaureate level health care management program. Information was collected on demographic characteristics, educational characteristics, knowledge and skill competencies, attitudes, and self-perceptions of abilities and values. Similar information was collected from the entering

group of students enrolled in the University of Pittsburgh non-traditional program.

DEMOGRAPHIC CHARACTERISTICS of NON-TRADITIONAL and TRADITIONAL STUDENTS

The programs were similar in that the majority of students were female. Seventy-eight percent of the registrants in the non-traditional program were female; in the traditional program, females accounted for fifty-six percent. The racial composition of both programs was predominantly caucasian; however the non-traditional program's enrollment included 11 percent minority students whereas in the traditional program .6 percent were classified as minority.

Ages of non-traditional students ranged from twenty-five to sixty-three. The mean age of this group was 40.7 years and the modal age was 42. Traditional students' ages were from twenty to forty-seven years. There was a substantial difference in the mean age for this group when compared to non-traditional students, being 28.1 years with a modal age of 20 years. The majority of non-traditional students (55.6%) were aged 40 and over whereas 87.5 percent of traditional students were below the age of 40. The largest group of non-traditional students (64.4%) fell between ages 30 and 46; in contrast, 68.7 percent of the traditional students were aged 20-29.

Sixty-nine percent of the non-traditional students were married whereas sixty-nine percent of the traditional students were single. Seventy-three percent of the non-traditional students had dependents compared with thirty-one percent of the traditional students. The average number of dependents per student was not too dissimilar between the two groups, being 2.4 percent per non-traditional student and 2.2 percent per traditional student. One hundred percent of the non-traditional students had their own households compared to

fifty-six percent of the traditional students. Forty-four percent of the traditional students were members of their parent's households.

The modal income for each group as reported by thirty-one percent of the non-traditional students and twenty-five percent of the traditional students was $15,000 - $19,999. Incomes for the non-traditional students ranged from less than $3000 to over $25,000. For traditional students, incomes ranged from $3,000 to over $25,000. Sixty-four percent of non-traditional students and sixty-three percent of traditional students earned from $15,000 to over $25,000.

EXPERIENCE STATUS of NON-TRADITIONAL and TRADITIONAL STUDENTS

All of the non-traditional students were presently employed in a health facility, ninety-three percent working full-time. Fifty-six percent of the traditional students reported that they were employed in health or non-health facilities. Of this latter group, fifty-six percent were employed full-time. Forty-four percent of the traditional students were unemployed compared to none of the non-traditional students.

Ninety-four percent of the non-traditional students worked in long term care institutions (nursing homes, mental hospitals, mental retardation institutions) compared to forty-four percent of the traditional students.

Forty-eight percent of the non-traditional students worked in not-for-profit facilities compared to forty-three percent of the traditional students. Thirty-six percent of the non-traditional students were employed by proprietary facilities compared to fourteen percent of the traditional students. Only in the governmental category was there a larger percentage of traditional students than non-traditional (43% to 16%).

Approximately three-fourths of the traditional students worked in facil-

ities located in suburban areas compared to slightly less than half of the non-traditional students. A statistic which suggests the greater flexibility of the non-traditional program is that eighteen percent of the students from that program came from rural areas compared with none from the traditional group.

Seventy-five percent of the non-traditional students worked in facilities or organizations which employed 50 to 150 people compared with 43 percent of traditional students. Fifty-seven percent of the latter group were employed in facilities or organizations whose employees numbered between 151 to over 400 whereas 25 percent of the non-traditional group worked in comparable institutions. This disparity may be accounted for by the fact that the major employment sites of traditional students were acute care hospitals, health departments, university health centers, and non-health organizations.

The largest group of the non-traditional students (68%) have held their present positions from 1-5 years compared to the largest group of traditional students (72%) who have held their present position for less than one year. None of the traditional students have worked more than ten years in their present position whereas two percent of the non-traditional students have. Both groups are similar in that the length of time of the great majority of students, differing only by two percent between the groups, ranged from less than a year to ten years.

When length of past employment in the health field was examined the non-traditional group had a longer work history than traditional students did. Their total length of experience ranged from one to thirty-six years; for the traditional group it ranged from less than a year to a maximum of twenty years. Mean years of past experience for the non-traditional group was 13.0 with modal years of 5, 10, and 15. Mean years of past experience for the traditional

group was 8.5 with 7 as the modal number of years.

Sixty percent of the non-traditional students working in health facilities hold administrative positions such as administrator, associate administrator, assistant administrator, co-administrator, and executive director. Executive director was the top administrative position held by traditional students (14%); otherwise their positions tended to be at the second line supervisory to operating employee level. Five percent of the non-traditional students reported non-supervisory positions. Thirty-seven percent of the non-traditional students hold patient care-related positions compared to fifty-seven percent of the traditional students.

An analysis of past and present positions in the management and patient care areas shows that students have progressed into more responsible positions in the administrative group or from operating employee status to supervisory level work and give an indication of career development. This also holds for the patient care categories in which students have progressed from care givers to supervisory positions. Figure 2.1 presents the comparative data for the non-traditional group and Figure 2.2 for the traditional group. For both groups the immediate past position is reported for full-time currently employed students only to show trends which would be obscured by the inclusion of those who are unemployed or employed part-time.

Figure 2.1

Comparison of Present and Past Positions of Non-Traditional Students

	Position	Present	Past
-Management-	Administrator	14	2
	Assistant Administrator	8	8
	Associate Administrator	2	
	Co-Administrator	1	
	Executive Director	1	
	Bookkeeper		1
	Business Manager	1	1
-Patient Care-	Director of Nursing Service	6	2
	Assistant Director Nursing Service		1
	Coordinator	1	1
	Nursing Instructor	1	
	Charge Nurse		7
	Staff Nurse	3	5
	Activities Director		1
	Social Services Director	1	2
	Aide	2	3

Figure 2.2

Comparison of Present and Past Positions of Traditional Students

	Position	Present	Past
-Management-	Administrator		1
	Co-Administrator	1	
	Executive Director	1	
	Bookkeeper	1	
	Clerical		3
-Patient Care-	Director of Nursing Service	1	2
	Nursing Supervisor	1	
	Staff Nurse		1
	Technician	1	
	Aide	1	

Past experience was acquired about equally in nursing homes and acute care settings by both groups of students and less frequently in clinics, mental hospitals, community mental health centers, mental retardation facilities and planning agencies.

A survey of the licensure status of both groups of students revealed that fifty-three percent of the non-traditional students hold a nursing home administrator license (NHA) compared with seven percent of the traditional students. Sixty-nine percent of the traditional students were working toward an NHA license and twelve percent desired to begin to work for this license. In contrast, sixteen percent of the non-traditional students were working for an NHA license and twenty-four percent desired to do so. Only seven percent of the non-traditional students and twelve percent of the traditional students were not interested in earning the license that would enable them to function as the top administrator in a nursing home.

Forty percent of the students in the non-traditional program also hold a registered nurse (RN) license, and thirteen percent hold a practical nurse (LPN) license. Ninteen percent of the traditional students hold RN licenses.

EDUCATIONAL CHARACTERISTICS

Sixty-four percent of the non-traditional students had prior college level work in their backgrounds compared to one hundred percent of the traditional students. Non-traditional students had a wider variety of educational backgrounds, ranging from a high school diploma or equivalent to post master's credits. Approximately three-fourths of the prior college level work of the non-traditional students was at the undergraduate level. The most common background of both groups of students was sixty units or more of college level work earned by twenty-two percent of the non-traditional students and sixty-nine

percent of the traditional students. Earned credits consisted predominantly of general education subjects with a few in health services administration subjects.

Eighteen percent of the non-traditional students hold prior earned degrees whereas none of the traditional students had previous degrees. Baccalaureate majors were in Nursing (4), History (2), Finance (1) and Music (1). Master's areas of concentration were in History (1) and Counseling Psychology (1).

Of the forty-five students registered in the non-traditional major, thirty-one (68.9%) were enrolled as degree students and fourteen (31.1%) were non-degree students. In the latter group, eight (57.1%) were cross registrants who were degree students in other higher education institutions taking, for transfer purposes, selected courses in the Long Term Care Administration major, and six (42.9%) were certificate students who did not wish to earn a degree preferring to take selected courses leading to a certificate in Long Term Care Administration.

Ninety-eight percent of the forty-five non-traditional students were part-time students and ninety-four percent of the sixteen traditional students were full-time students.

In this study both groups of students' initial consideration of a health administration career was most frequently influenced by a job in a health related area. Seventy-three percent of the non-traditional students and fifty-six percent of the traditional students cited this reason for their interest. Educational-related factors of science courses or vocational guidance counselors had no influence on either group of students; neither did the encouragement of teachers/professors influence the non-traditional students although thirteen percent of the traditional students developed their interest through this source.

Students identified the reasons and expectations which led them to enroll

in a formal educational program. Using categories of very important, somewhat important and not important, students' rated various objectives according to the benefits they expected to derive as a result of undergoing an educational experience.

Those objectives which drew a response rate from non-traditional students of at least fifty percent in any of the three categories were in order of highest to lowest:

Very important: to acquire skills to improve the quality of care provided to patients, ninety-one percent; to acquire specific skills useful on a job, eighty-eight percent; to attain greater personal enrichment, sixty-eight percent; to develop a new career, fifty percent; and to satisfy degree requirements for a job, fifty percent.

Somewhat important: to develop an understanding and appreciation of science and technology, fifty-six percent.

Not at all important: to increase appreciation of art, music, literature and other cultural expressions, sixty-three percent.

Objectives for which non-traditional students failed to reach a consensus on their degree of importance were to: meet academic requirements for a profession, improve chances of increasing income, meet academic requirements to enter graduate school, develop a professional identity, become involved in social and political concerns, satisfy personal desire for a college education and achieve a promotion.

Traditional students rated educational objectives in order of highest to lowest at the level of fifty percent or higher as follows:

Very important: to acquire specific skills that will be useful on a job, eighty percent; to meet academic requirements necessary to enter a profession, eighty percent; to acquire skills to improve the quality of patient care pro-

vided to patients, eighty percent; to develop a professional identity, seventy-three percent; to develop a new career, sixty-seven percent; to attain greater personal enrichment, sixty-seven percent; and to satisfy degree requirements for a job, sixty percent.

Somewhat important: to develop an understanding and appreciation of science and technology, fifty-three percent.

Not at all important: to increase appreciation of art, music, literature and other cultural expressions, sixty-three percent.

Objectives on which traditional students failed to reach consensus about their degree of importance were to: improve chances of increasing income, meet academic requirements for graduate school, become involved in social and political concerns, satisfy personal desire for a college education and achieve a promotion.

As shown in Figure 2.3 below, at least fifty percent of both groups of students agreed that five out of fourteen objectives were very important. In addition, traditional students picked two other objectives not selected by non-traditional students. Both non-traditional and traditional students rated as somewhat important one objective and they selected the same objective as not at all important.

Figure 2.3

Rating of Educational Objectives by
50% or more of Both Student Groups

Objectives	Very Important (by percentage)		Somewhat Important (by percentage)		Not At All Important (by percentage)	
	N.T.	Trad.	N.T.	Trad.	N.T.	Trad.
To acquire skills to improve the quality of care provided to patients	91	80				
To acquire specific skills useful on a job	88	80				
To attain greater personal enrichment	68	67				
To develop a new career	50	67				
To satisfy degree requirements for a job	50	60				
To meet academic requirements necessary to enter a profession		80				
To develop a professional identity		73				
To develop an understanding and appreciation of science and technology			56	53		
To increase appreciation of art, music, literature and other cultural expressions					63	63

From these responses it appears that a mixture of altruism and very practical goals motivated the students to seek further education. Traditional academic values had less meaning for non-traditional students nor were they interested in developing a professional identity. An assumption may be made that having achieved a certain level of competence as evidenced by possession of an NHA license they may consider themselves as having a professional identity.

Both groups were consistent in selecting the most important educational objective although no one objective was rated as 'most important' by a majority of the traditional students. Of those who responded, fifty-nine percent of the non-traditional students and thirty-six percent of the traditional students selected the most important objective as 'acquiring administrative skills to improve the quality of care provided to patients'. Non-traditional students appear to be motivated by pragmatic goals. Traditional students tend to select those that enhance their service orientation and that add to their intellectual and personal qualifications.

While students from both programs used a variety of sources for financing their education there were nevertheless substantial differences between the programs in the kinds and combinations of sources.

Seventy-one percent of the non-traditional students used one source only while twenty-nine percent used two different sources. An analysis of those using one source showed that sixty-six percent financed their educational totally from their own earnings; sixteen percent were financed by their employers; six percent used their spouses' earnings; six percent were supported by their religious congregation; three percent used GI benefits; and three percent received a scholarship or grant.

Financing from one source and financing from a variety of sources were used equally by traditional students. Of the fifty percent using one source only, thirty-eight percent used their own earnings, thirty-eight percent relied on their parents, twelve percent received GI benefits, and twelve percent were financed by their employer.

Of the 29 percent of the non-traditional students using two sources, 76 percent used a 50%-50% combination (e.g., earnings and employer, and employer and savings or earnings); and 8 percent each used combinations of 60%-40%

(earnings and employer); or 20%-80% (own earnings and spouse's earnings); or 75%-25% (earnings and employer).

Of the forty-five students enrolled in the non-traditional program, eighty percent contributed totally or partially to their own education while employers contributed total or partial support to thirty-six percent of these students.

Of the 50 percent of the traditional students using two or more sources, 25 percent used a combination of 20%-80% (earnings and parents or scholarships); 12 percent used a 50%-50% combination (GI benefits and employer); 13 percent used three sources, 20%-50%-30% (earnings, loan, parents); 38 percent used a combination of 75%-25% (spouse's earnings and GI benefits, or earnings and employer or savings); and 12 percent used earnings and parent's funds on a 10%-90% basis.

Of the sixteen students enrolled in the traditional program, sixty-three percent contributed totally or partially to their own education; parents contributed totally or partially to thirty-eight percent of these students; and employers contributed either totally or partially to forty-three percent.

The obvious differences revealed by the data are that more non-traditional students use their own resources either totally or in combination with another source to finance their education; parents were not a resource for non-traditional students; percentage-wise there was no difference in scholarship aid between non-traditional and traditional students; and there was a difference between the groups on GI benefits with more traditional students applying them to their expenses. Further analysis of the data showed that in terms of percentages, employers contributed more tuition support to traditional students than employers of non-traditional students contributed.

Seventy-nine percent of the non-traditional students were granted time off with or without pay for studies compared to eighty-three percent of the

formula (Right Answers minus 1/4 Wrong Answers).

To analyze the results it was proposed that observed differences in years of experience in the health field be used as a covariant in an analysis of covariance. It was hypothesized that substantial years of experience in a health field position would increase a student's entering knowledge and skills beyond that possessed by a student without comparable experience. However, years of experience in the health field violated the assumption of the parallelism of the analysis of covariance and could not be used as a covariant. Therefore the Part I and Part II scores were analyzed using Student's t-test[2]. Results of this test showed no significant difference between the non-traditional and traditional groups on the Part I scores which assessed knowledge and comprehension. For Part II, which assessed application skills, no significant difference was observed also.

From another perspective, a postulate that may be considered is that the non-traditional students' greater number of years of experience in the health field contributed to their equality in knowledge and comprehension with the more recent products of an educational system which has undergone notable improvements in the last quarter century subsequent to the older adult students' attendance.

In regard to the lack of significant difference in application skills it appears that years of experience alone without a theoritical base or without consideration of kind, quality or applicability to a health administration position do not of themselves provide a student with greater skill in handling practical problem situations in a different field or in an unrelated position.

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[2]For Part I, the computed t = .11. For Part II, the computed t = 1.62.

traditional students. The balance of both groups was given no time off to pursue their education.

PRE-TESTING OF STUDENTS

Both programs administered a battery of tests to their respective incoming experimental group of students. The instruments used were:

a. Health Services Administration Examination (Baccalaureate-level). Parts I and II.
b. Kogan's Old People's Scale (KOPS).
c. Medical Opinion Survey.
d. Self-Rating Scales.

A. Knowledge and Skill Competencies

Part I of the Health Services Administration test[1] consisted of one hundred items in a multiple choice format which assessed competencies at the knowledge and comprehension level of Bloom's taxonomy of educational objectives. The items were classified into three content areas: Management (37 items); Man and Health (21 items); and Health Services, Systems, and Tools (42 items).

Part II consisted of thirty items which assessed competencies at the application level of Bloom's taxonomy by requiring the student to analyze a practical problem and to apply problem solving skills to its solution. Items were classified on two dimensions: content area and setting. Items were grouped under the three major content headings listed above: nine in Management, ten in Man and Health and eleven in Health Services, Systems, and Tools. Settings included Acute Care (9 items); Long Term Care (11 items); and Other Health Institutional Settings (10 items).

Subscores were calculated for the two parts of the examination using the

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[1]The examination was reviewed and judged by an advisory group to be content valid for health administration education.

formula (Right Answers minus 1/4 Wrong Answers).

To analyze the results it was proposed that observed differences in years of experience in the health field be used as a covariant in an analysis of covariance. It was hypothesized that substantial years of experience in a health field position would increase a student's entering knowledge and skills beyond that possessed by a student without comparable experience. However, years of experience in the health field violated the assumption of the parallelism of the analysis of covariance and could not be used as a covariant. Therefore the Part I and Part II scores were analyzed using Student's t-test[2]. Results of this test showed no significant difference between the non-traditional and traditional groups on the Part I scores which assessed knowledge and comprehension. For Part II, which assessed application skills, no significant difference was observed also.

From another perspective, a postulate that may be considered is that the non-traditional students' greater number of years of experience in the health field contributed to their equality in knowledge and comprehension with the more recent products of an educational system which has undergone notable improvements in the last quarter century subsequent to the older adult students' attendance.

In regard to the lack of significant difference in application skills it appears that years of experience alone without a theoritical base or without consideration of kind, quality or applicability to a health administration position do not of themselves provide a student with greater skill in handling practical problem situations in a different field or in an unrelated position.

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[2]For Part I, the computed t = .11. For Part II, the computed t = 1.62.

Figure 2.4 shows the observed means as measured by the examination.

Figure 2.4

Observed Means on Health Services Administration Examination by Student Types

Test	Non-Traditional Students	Traditional Students
Part I	29.6	30.1
Part II	7.40	5.88

B. Attitudes

Two attitudes surveys - Kogan's Old People's Scale (KOPS) and the Medical Opinion Survey - were used to determine specific attitudes and values both groups of students held on entering their respective programs towards aged people and towards factors broadly related to administration of health services.

The Kogan's Old People's Scale is a measure of general attitudes held towards the aged. It consists of thirty-four statements concerning old people for which a six point Likert scale is used in responding. Items are classified into positive and negative categories each containing seventeen items. A total score is computed for each category (OP+ and OP- respectively). The scale thus provides insight into one's overall attitude towards the aging. To make scores comparable, the positive scores are subtracted from 8.00. Any higher values then resulting indicate more unfavorable attitudes for both positive and negative items[3].

Results of the administration of the scale to both groups of students are presented in Figure 2.5 for the total OP+ and OP- means and standard deviations.

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[3]Validity of this scale has been substantially documented. See Nathan Kogan, "Attitudes Towards Old People: The Development of a Scale and an Examination of Correlates," Journal of Abnormal and Social Psychology, 62 (1961):44-54.

Figure 2.5

Overall Means and Standard Deviations on Kogan's
Old People's Scale for Non-Traditional and Traditional Students

	Non-Traditional Students		Traditional Students	
	Mean	Standard Deviation	Mean	Standard Deviation
Total Negative Scale	38.49	7.65	40.63	7.46
Total Positive Scale	65.36	7.47	68.63	9.76

The lower means of the non-traditional students compared with traditional students indicate more favorable attitudes towards the elderly although a t-test on the item means found no overall statistically significant difference (t (66) = -.5539). Of the two categories of statements it appears that negative worded statements elicited more favorable opinions. In other words, students disagreed more with statements commenting negatively on old people than they agreed with statements complimentary to the aged.

The Medical Opinion Survey provides an assessment of attitudes and values towards aspects of health care. It consists of seven subscales derived from sixty-three Likert-type items.

The scale names and definitions are:

1. Social Factors

   Respondent recognizes the importance of social factors in the patient's environment as determinants of his health or illness.

2. Paramedical Cooperation

   Respondent is aware of contribution of allied health professions and desires a cooperative working relationship.

3. Preventive Medicine

   Respondent recognizes the role of preventive medicine in maintaining health and is willing to adopt the methods implied.

4. Doctor-Patient Relations

   Respondent recognizes importance of emotional factors and interpersonal relations between health professional and patient in effective patient care.

5. Government Role

   Respondent endorses government's involvement in health care system including regulation of cost remuneration patterns.

6. General Liberalism

   Respondent has liberal views on social problems outside of medicine.

7. Social Desirability

   Respondent endorses statements which reflect on him in a favorable, socially desirable direction.

A total score is obtained by adding the respondent's scores on the first six scales.[4] The higher the score, the more indicative it is of a positive attitude on the part of respondents. Non-traditional students attained higher mean values on the Paramedical Cooperation and General Liberalism scales. Traditional students attained higher mean values on scales for Social Factors, Doctor-Patient Relations, Social Desirability, Preventive Medicine, Government Role and the Total Score. However results of a t-test indicate that only one observation, Social Desirability, was significant at the .05 level of significance. The obtained mean values and standard deviations are reported for both groups of students in Figure 2.6 below.

Figure 2.6

Obtained Total Means and Standard Deviations on the Medical Opinion Survey of Non-Traditional and Traditional Students

	Non-Traditional Students	Traditional Students
Mean	184.20	185.75
Standard Deviation	8.10	9.07

[4]Total score reliability coefficient = .881 (Cronback's Alpha). Two construct validity studies have been carried out rendering results which uphold the validity of the scales. See Jack Parlow and Arthur Rothman, "ATSIM: A Scale to Measure Attitudes Toward Psychosocial Factors in Health Care", Journal of Medical Education 49 (April 1974): 385-386.

C. Self-Rating Scales

Both groups of students rated themselves on a series of scales listing a) various personal traits generally associated with success in educational programs, b) factors related to career choices, and c) life goals.

Personal traits rated by students were drive to achieve, independence, self-motivation, self-confidence, persistence, leadership ability, academic ability, humanitarianism, interpersonal skills, and writing ability. In assessing the degree to which they possessed these traits, students compared themselves to the average person of their own age to rate themselves in categories of the 'highest ten percent,' 'above average,' 'average' and 'below average.'

The largest percentage of both groups rated themselves above average on traits of drive to achieve, independence, and self-motivation. The largest percentage of both groups rated themselves as average in traits of writing ability and self-confidence.

On five traits, ratings between the groups differed. The largest percentage of non-traditional students (60%) rated themselves average in academic ability compared to a self-rating of above average by fifty percent of the traditional students; forty-five percent of the non-traditionals saw themselves as above average in leadership ability whereas fifty percent of the traditionals rated themselves as in the highest ten percent of their group; persistence was rated as average by the largest group of non-traditional students (45%) whereas fifty-six percent of the traditional group saw themselves as above average. Sixty-four percent of the non-traditional students gave themselves above average ratings on the trait of humanitarianism compared to thirty-eight percent of the traditional students who chose a rating of average. Equal percentages (46%) of non-traditional students rated themselves as average/above average on interpersonal skills to fifty percent of the traditional students who saw

themselves as above average.

In summary, the largest percentage of non-traditional students rated themselves as above average on five traits, average on four traits and tied between above average/average on one trait. Traditional students rated themselves above average on six traits, average on three traits and in the highest ten percent on one trait. As shown by Figure 2.7 the percentages of students selecting a rating for the various traits vary for each trait with neither group giving a clear indication of distinct differences in self-perceptions except for traits of persistence, leadership ability, academic ability and humanitarianism.

Figure 2.7

Self-Ratings on Selected Traits by
Highest Percentage of Responses

	Average Rating		Above Average		Highest 10%	
Trait	Non-Trad.	Trad.	Non-Trad.	Trad.	Non-Trad.	Trad.
Drive to achieve			60	62		
Independence			56	56		
Self-motivation			56	50		
Self-confidence	47	38				
Persistence	45			56		
Leadership ability			45			50
Academic ability	60			50		
Writing ability	56	63				
Humanitarianism		38	64			
Interpersonal skills[5]	46		46	50		

On further analysis one finds additional evidence that traditional students think more highly of themselves than do non-traditional students. On every one of the above traits, percentage-wise more traditional students rated themselves in the highest ten percent than was the case with the non-traditional students.

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[5]Non-traditional ratings are tied between two categories.

One may hypothesize a number of reasons for the lower self-perceptions of older adults in this category including the selective admissions standards of the traditional program or a more realistic approach by non-traditional students to an assessment of their abilities as shown by their prior work experience, and accomplishments to date.

Students were asked to rate the influence of various factors on their careers. A previous survey had only asked them to identify factors which awakened their interest in a health administration career. Categories used for ratings were 'important' or 'deciding' for positive and negative factors and 'not applicable.'

For those factors receiving a response rate of at least fifty percent the largest responses, percentage-wise, were given by both groups to six factors as being important influences in considering a career. There were two factors which non-traditional students rated as not applying in their career decisions and which traditional students thought were important in theirs.

In order of importance according to percentage of responses, non-traditional students selected the factors shown in Figure 2.8 as important in considering their career.

Figure 2.8

Factors Chosen as Important in Considering Their Career by Largest Percentage of Non-Traditional Students

Factor	Percentage
Opportunity to help solve social problems	80
Chance to be original and creative	69
Very high level of financial security	69
Opportunity to be of service to other people	66
Being my own boss	54
Chance to achieve status or prestige	51

The largest percentage of traditional students selected eight factors as being important in considering a career and, except for three factors, by a larger consensus.

Figure 2.9

Factors Chosen as Important in Considering Their Career by Largest Percentage of Traditional Students

Factor	Percentage
Being my own boss	75
Opportunity to help solve social problems	75
Very high level of financial security	75
Chance to contribute to an area of scholarship or science	69
Freedom from close supervision in my work	69
Chance to achieve status or prestige	63
Chance to be original and creative	62
Opportunity to be of service to other people	57

The two factors on which the groups differed in their ratings were rated as not applicable by non-traditional students. They were chance to contribute to an area of scholarship or science rated as not applicable by sixty percent of the non-traditional group, and freedom from close supervision at work which was not applicable according to forty-eight percent of the non-traditional students. Traditional students indicate a higher regard for academic values whereas the humanistic orientation of the non-traditional students is indicated by their more frequent choices of solving social problems and being of service to other people. More non-traditional students saw a lack of these factors as a reason for rejecting a career than did traditional students.

Information was sought on students' life goals because they were considered as being influenced by as well as influencing participation in higher education.

The goals surveyed were success in a career, service to others or society, financial security, contributing to a field of knowledge and leadership status.

The groups differed in their perceptions of the relative importance of

four of the six goals and on two there was agreement. By largest percentage of responses both groups rated success in a career and service to other people as very important goals. So divergent were the views of both groups that for only one goal, i.e., service to others, did more than fifty percent of the students agree on the rating. On the other goals, ratings varied by percentage of responses, category of rating or both as shown in Figures 2.10 and 2.11.

Figure 2.10

Non-Traditional Students' Ratings of Life Goals
by Largest Percentage of Responses

Goal	Category	Percent Responding
Service to others	Very Important	60
Success in career	Very Important	39
Rearing family	Very Important	35
Financial security	Somewhat Important	43
Contribution to knowledge	Somewhat Important	23
Leadership status	Fairly Important	26

Figure 2.11

Traditional Students' Ratings of Life Goals by
Largest Percentage of Responses

Goal	Category	Percent Responding
Contribution to knowledge	Very Important/ Extremely Important	31 each
Service to others	Very Important	62
Success in career	Very Important	44
Leadership status	Very Important	44
Rearing family	Fairly Important	38
Financial security	Fairly Important	31

Ratings by non-traditional students for five goals were neither as positive in regard to level or by percentages as those of traditional students. The only one in which non-traditional students exceeded the rating of traditional students was for rearing a family. There were wider differences of opinion (as shown by the range of ratings) expressed by non-traditional students than traditional

students. The only goal for which the ratings given by non-traditional students clustered at the upper end of the scale was service to other people. Traditional students put a higher value on contribution to knowledge than any other goal; however, closely following was service to others.

SUMMARY

Non-traditional students were more dissimilar than similar to traditional students in demographic characteristics, differing in age, marital status and family affiliation but comparable in earnings.

Employment factors between the two groups showed an even broader range of dissimilarity. Variations existed in present employment status, place of employment, institutional ownership, location and size of institution, length of time in present position, length of employment in the health field, kinds of positions, and licensure status. While some of the differences can be attributed to age, other factors which were beyond the scope of this evaluation had to be present as well.

Differences existed in the entering educational level of the two groups in that all traditional students had prior college work in their backgrounds; however, non-traditional students had more earned degrees. Whereas all traditional students but one were full-time students, all non-traditional students but one were part-time students. Both groups of students indicated that their interest in a health administration career developed to a large extent through the same source although there were differences in the extent of the influence of this variable.

Both groups agreed on the degree of importance of their reasons for attendance at an educational program. Non-traditional students in contrast to traditional students were primarily interested in acquiring job-related skills.

Traditional students' goals were related to acquiring the academic component associated with their chosen profession or qualifying for a new profession.

Differences between the groups were apparent in their methods of financing their education. A larger percentage of non-traditional students financed their own education either totally or partially; traditional students tended to use their parents' and/or employers' resources to a greater extent than the non-traditional group. Both groups were more rather than less similar in being granted time off to pursue their education.

Pre-testing of both experimental groups showed that although there were small differences in the obtained means and standard deviations of the two groups, a t-test indicated the differences were not significant for either knowledge, comprehension or application skills.

Non-traditional students had more favorable attitudes towards old people than traditional students but again there was no statistically significant difference. On attitudes and values towards psychosocial factors in health care there was only one subscore which showed a significant difference at the .05 level between the two groups - this was in the social desirability category. The mean values of the two groups to a certain extent reflect the problems and values of the work place. For example, long term care administrators work with a variety of allied health professionals thus making cooperation important; liberal social views conceivably could be enhanced by a service orientation. Their failure to relate psychosocial aspects of aging to quality of care can possibly be explained by the relatively recent emphasis on gerontology. The other scales related to factors which either have had a low profile in long term care institutional activities or were those from which it was difficult to separate a subjective reaction.

Self-ratings give evidence that non-traditional students have a lower

self-esteem than traditional students especially on traits thought to be associated with success in an educational program.

Both groups were in substantial agreement on the factors influencing their career choices although there are subtle differences as shown by the percentages of the two groups selecting both traits and categories.

In regard to life goals the groups differed in their perceptions of the relative importance of the majority of goals. Highest choices evidence the basic orientation of each group as indicated in other ratings, i.e., pragmatism for the non-traditional group and a commitment to academic values for the traditional students.

The comparison of non-traditional with traditional students showed that intellectually both groups are fairly equal. Non-traditional students are not so assertive about their academic abilities as are traditional students, and they are more interested in acquiring better skills than in making a contribution to knowledge. Curriculum implications of these findings are that a program designed for non-traditional students must have the same rigor as that of a traditional program and that courses must blend theory and application.

In life styles the two groups differ. Non-traditional students are employed, mature students who are attending college on a part-time basis and for the most part underwriting their own education. These findings should be reflected in the program structure, i.e., in the delivery system. Educational policies should reinforce a system that enhances attendance by people who cannot earn a degree in a traditional format and to whom time is a costly investment.[6]

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[6]Generally, these and other findings reported throughout this chapter are similar to those reported in a study by Leland Medsker et al., Opportunities For A College Degree. Berkeley: Center for Research and Development in Higher Education, 1975.

STUDENT PERFORMANCE

Evaluation of the effectiveness of the University of Pittsburgh program in accomplishing its goal of providing a major in Long Term Care Administration for degree or certificate students currently employed in administrative positions in long term care facilities is best accomplished by examining student experience in the program. Since comparison with other programs cannot produce the kind of information by which meaningful effectiveness is measured no further comparison with a traditional program will be made. In this section, student completion, G (Incomplete) grade and W (Withdrawal) grade rates are examined and a post survey of students' attitudes towards non-traditional program reported.[7]

D. Student Course Completion Rates

Student completion rates are computed on the basis of those who earned a letter grade (A-D) within the allowable time limit for completing an externalized course.[8]

As Figure 2.12 shows, completion rates of courses varied from a low of zero percent to a high of one-hundred percent. Of the seventeen courses offered between Fall 1976 and Spring 1978, twelve (71%) had an unadjusted completion rate of fifty percent or over and five (29%) had a completion rate of under fifty percent. When rates are adjusted for those who received a 'Withdrawal' grade because they had never submitted assignments or attended workshops, or were registered in error, the individual course completion rates are somewhat higher and the percentage of those with a completion rate of

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[7] Contract NO1-MB-44185 expired before any students had completed the minimum number of credits required of degree majors (33) or of certificate students (24).

[8] One year from registration into a course.

Figure 2.12

Completion Rate by Course

	Number Registrants	Number Original Completions	Number W's (Withdrawal)	Number G's (Incomplete)	Additional Completions Post-Term	Total Completions	Percent, Total Completions	Adjusted Completion Rate[1]
717 Human Relations, Fall Term 1976-77	20	4	0	16	8	12	60%	60%
Human Relations, Fall Term 1977-78	14	12	0	2	1	13	93%	93%
780 Health & Society, Fall Term 1976-77	23	16	0	7	7	23	100%	100%
Health & Society, Winter Term 1976-77	6	0	0	6	3	3	50%	50%
Health & Society, Winter Term, 1977-78	9	3	1	5	2	5	56%	63%
810 Management & Organizational Theory, Winter Term 1976-77	10	1	3	6	0	1	10%	14%
Management & Organizational Theory, Fall Term 1978-79[2]	5							
718 Personnel Administration, Winter Term 1976-77	31	8	0	22	8	16	52%	52%
Personnel Administration, Winter Term 1977-78	2			2		0	0%	0%
850 Evaluative Concepts, Spring Term 1976-77	22	3	8	11	6	9	41%	64%
771 Introduction to Gerontology, Spring Term 1976-77	6	4	1	1	0	4	67%	80%
Introduction to Gerontology, Spring Term 1977-78	8	5	1	2	0	5	63%	71%

[1] Adjusted to reflect Withdrawals from courses

[2] Courses still in progress

Figure 2.12 - Continued

Completion Rate by Course

	Number Registrants	Number Original Completions	Number W's (Withdrawal)	Number G's (Incomplete)	Additional Completions Post-Term	Total Completions	Percent, Total Completions	Adjusted Completion Rate[1]
711 Health Care Economics, Fall Term 1977-78	9	4	1	4	1	5	56%	63%
830 Health Delivery System, Fall Term 1977-78	9	5	1	3	0	5	56%	63%
815 Health Planning, Winter Term 1977-78	8	2	1	5	0	2	25%	29%
860 Administration of Patient Care Services, Winter Term 1977-78	7	4	0	3	1	5	71%	71%
719 Labor-Management Relations, Spring Term, 1977-78	4	0	1	3	3	3	75%	100%
720 Financial Management, Spring Term 1977-78	7	0	0	7	3	3	43%	43%
869 Applied Legal Issues in Long Term Care, Fall Term 1978-79[2]	7							
872 Health and Aging, Fall Term 1978-79[3]	8							
864 Public Policy & Long Term Care, Fall Term 1978-79[4]	2							

[1] Adjusted to reflect Withdrawals from courses

[2] Courses still in progress

[3] Ibid.

[4] Ibid.

fifty percent or over rises to seventy-six percent.

E. G Grade Record

Of those students who had received a G grade,[9] a sample of 33 were selected to be surveyed about their reasons for not completing the course work. Twenty-two of this group had a G grade in one course; eight had G grades in two courses; one had a G grade in three courses; one in four courses; and one in six courses.

These students were sent a short questionnaire asking their reasons for not completing the courses and the likelihood of completion.

Responses were received from twelve (36.4%) of the group surveyed. Of the twelve respondents, eight were degree students; two were continuing education students fulfilling relicensure requirements; one was a certificate student; and one was enrolled for career development.

Reasons for not completing the course requirements fall under the usual categories of health, family responsibilities, work load, and unforeseen circumstances. The following excerpts from reasons reported by the Long Term Care Administration students were typical of those reported in the literature on external degrees.

> I had serious problems with my eyesight and could not complete the reading requirements.
>
> I became ill and was unable to complete the course.
>
> My job was eliminated and I had to move.
>
> My class project benefited my nursing home but did not meet the instructor's requirements.
>
> My fall schedule was too hectic. I was taking three courses and had a student doing a field study in my facility.
>
> I submitted an assignment which was lost in the mail.

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[9] A G grade indicates a student's failure to complete all course requirements by the end of the term in which the course is offered.

> My problems at work hindered me from completing the course. I have complete responsibility for over 400 employees and a health care operation that exceeds $6.5 million per year.
>
> Additional administrative duties, temporary shortage of supervisory nursing personnel and several business trips added time demands not foreseen at the time of registration.
>
> I was carrying two other courses in addition to the external degree course. Taking care of my family and being hospitalized for a long period were more than I could handle.
>
> The purchase of two nursing homes out-of-state has taken all available time.
>
> I was promoted to Director of Nursing of a 200 bed hospital. The work load has been tremendous.

When asked the likelihood of completing the requirements within the specified time (i.e., one year from date of enrollment), six felt the probability was seventy-five to one-hundred percent; two felt it was fifty to seventy-four percent; one felt it was twenty-five to forty-nine percent; and two felt the probability was zero to twenty-four percent. One indicated they had submitted all requirements and completed the course but had not yet received a grade.

The three who indicated the probability of completion as fifty percent or less gave as their reasons inability to take time away from the facility, refusal of the facility to pay for the courses, and misplacement of their study materials.

In suggesting what steps the Program could take to achieve a higher rate of on-time completions, three felt more communications either in terms of quicker return of feedback on assignments or more regular contact through the use of post cards would have given them greater motivation to complete the courses. One felt that less pressure on examinations and more emphasis on study problems would increase their motivation to complete the course. Four, however, specifically stated that their failure to complete the course work was their own

fault and not a reflection on the instructors.

Some of the twenty-one who were not heard from had been given a G grade rather than a Withdrawal grade (W) as a courtesy by the instructors. Since the program was new and the students generally not knowledgeable about university procedures the faculty were urged to leave open the students' option to complete the course without paying additional fees. A problem inhibiting accuracy of class rosters was the lack of coordination between the Registration Unit and the teaching faculty on the matter of registrations. Incorrect registrations, drop-outs, withdrawals, etc, were never shared with the instructors and since personal contact throughout the term was not mandatory, instructors continued to carry as bona fide students those who for one reason or another had made a decision not to participate. Also, new programs generally attract a certain percentage of people whose major interest is in finding out what is involved. It is the feeling of the Project Staff that many of the twenty-one non-respondents should not have been classified as students in the Long Term Care Administration major.

F. W Grade Record

Due to the nature of the difficulties in determining the withdrawal rate the Project Staff made a decision to provide primarily descriptive data supplied by students as reasons for their withdrawal while drawing no conclusions about the retention rate of the program.

Withdrawals from a course or a program come from a number of sources and in a non-traditional program it is difficult to separate one from the other.

Students may withdraw either from a course or a program by the simple expedient of not paying their invoice; or they may process a formal withdrawal after the start of a term; or they may process it before the start of a term.

If the withdrawal is through non-payment no record of the student's registration is kept. If the withdrawal is initiated after the start of the term, the record of the registration remains but each dropped course receives a grade of W. If the withdrawal is processed before the start of the term no record is kept of the registration insofar as the dropped courses are concerned.

Instructors may also give a W grade to students under certain circumstances. Because of the experimental nature of this program instructors were permitted to weigh the merits of a W grade as opposed to an F grade or a G grade. Because there were no hard and fast rules, practices varied among instructors making it difficult to determine the true status of students.

The mixed motives of students in their use of the major also made it difficult to determine retention rates. A student, for example, who took a course to fulfill continuing education requirements for relicensure should not be considered to have 'dropped out' of the program in the normal usage of that expression. A student who used a course for electives also does not 'drop out' of a program as the term is commonly applied. Inactivity in the University of Pittsburgh major did not necessarily mean students had quit because they were permitted to register in traditional courses at other institutions of higher education without concurrently registering at the University.

All of these considerations lay behind the Project Staff's decision to limit data collection to a survey of withdrawals for one term only. Accordingly the first term of the program was selected. Names were obtained by comparing the first and second class rosters and the instructors' grade reports. A questionnaire was sent to these persons asking their reasons for withdrawal.

During the first term five registrants withdrew prior to beginning the program. Four decided to register into another program in their immediate

vicinity and the other withdrew because of the difficulty in traveling to workshops.

After the start of the term, thirteen registrants withdrew from the program and thirteen withdrew from courses. Seven students withdrew due to a misunderstanding that the program was designed for employed nursing home administrators only. All were students in the School of General Studies who intended to utilize the courses as elective credits.

Reasons given for withdrawing from the program included preference for a traditional program to earn a degree (3); preference for continuing education to obtain continuing education credits (2); and unchallenging material (1).

Reasons given for withdrawing from a course were conflict with job duties (1); dissatisfaction with faculty (1); family problems (1); health reasons (2); and incorrect registration (1). The remainder did not respond to the survey which suggests a lack of genuine interest in pursuing this field of study.

POST SURVEY OF STUDENTS' ATTITUDES TOWARDS THE NON-TRADITIONAL PROGRAM

Twenty-two students who had enrolled in more than one course of the Long Term Care Administration major were sent a post course questionnaire on their attitudes towards various features of the program. Responses were received from twelve (54.4%), nine females and three males. Eight were enrolled as degree students, three were certificate students and one enrolled to earn credits. Six of the twelve were licensed administrators.

Information was sought on perceived strengths and weaknesses of the program and the impact the program had on the student personally.

Respondents were in agreement by a two-thirds majority that the structure of the program was flexible, the curriculum challenging and the faculty competent. The one most frequently cited strength of the program was that it

allowed students to combine study and employment at the same time. The two features on which the majority of students did not agree were the program requirements and the workshops. Figure 2.13 recaps students' opinions.

Figure 2.13

Strengths of the Program as Perceived by Students
N=12

Item	Frequency
It allows for study and employment at the same time	12
The curriculum is interesting and challenging	9
The credits can be used for relicensure as well as degree or certificate purposes	9
It places minimum requirements on students to attend class	8
The faculty is competent	8
The program requirements are clear to students	5
The workshops are beneficial in helping students understand the material	4

In identifying the shortcomings of the program fifty percent were dissatisfied with the number of courses offered. There was complete agreement that two items were not shortcomings - these were the organization of the study guides and the structure of the program. Otherwise responses were so minimal that they provided little useful information on weaknesses of the program.

Figure 2.14

Shortcomings of the Program as
Perceived by Students
N=12

Item	Frequency
Course offerings are limited	6
Courses require too much study time	3
Registration procedures are confusing	3
Workshops are a waste of time	3
The program does not give students adequate counseling	2
Application procedures are confusing	1
The program does not provide sufficient orientation to students	1
Faculty responses to assignments were delayed	1
Study guides are poorly organized and presented	0
There is too little structure to the program	0

More information on the nature of the students' discontent is shown by their suggestions regarding program features that need improvement. Two areas - counseling procedures and communication procedures drew the highest percentage of critical responses (50%). On two other items students were in complete agreement that no improvement was needed - faculty quality and student evaluation procedures. For the balance of the items the responses were minimal.

Figure 2.15

Program Features Needing Improvement
as Perceived by Students
N=12

Item	Frequency
Counseling procedures	6
Communication procedures	6
Procedures for transferring credits	4
Curriculum	3
Application procedures	3
Registration procedures	2
Instructional procedures	1
Faculty	0
Student evaluation procedures	0

While students were asked to specify the one feature in each of these areas which they regarded as the most positive, the weakest, or the most in need of improvement there was not sufficient agreement to arrive at any conclusions. More illustrative are their comments of which a sample is given.

On the strengths of the program student comments were:

> Provides an opportunity to obtain a degree in a field in which work skills and knowledge are needed to provide competent services.
>
> It helps me in my job without taking me away from my job.
>
> Its material is interesting, challenging and well structured.
>
> Study guides are excellent and can be used for later reference.

Comments on short-comings of the program were:

> Limited scholarships for mature men and women reentering the work force.
>
> Poorly organized workshops.
>
> The length of time it takes to receive material back from the instructors.

One or two of the courses should have prerequisites before taking them.

Comments on program features needing improvement were:

Being an adult out of high school for quite a few years - I really do not understand what is expected of me to fulfill my requirements for the degree.

Communications concerning dates for long term care classes were always delayed, therefore planning ahead is difficult.

A toll free number to faculty would be helpful.

More flexible acceptance of transfer credits would be helpful to students.

It is both interesting and enlightening to compare these post-course responses with opinions given by the students on the importance of features in originally attracting them to the program.

Students' most important reasons at the start of the program were:

Opportunity to earn credit for prior life/work experiences.

Special areas of study offered.

The independence allowed.

Flexibility of the program (scheduling, location, etc.).

Opportunity for part-time study.

In the post-survey respondents rated as the programs' greatest strengths their ability to study and work at the same time (which in effect supports their original choices of flexibility and opportunity) and that it places minimum requirements on students to attend class which supports their original evaluation of independence. Their favorable evaluation of the strength of the curriculum is also supportive of their original interest in the special area of study offered. In only one pre-program value - opportunity to earn credits for work/life experiences is there no follow-up, either supportive or critical. A related matter - the acceptance of transfer credits - is a feature

that post-course respondents felt needed improvement. In the pre-program survey, most students rated as not important the availability of financial support. In the post-survey, mention was made several times of the lack of grants or scholarships for mature adults and the expenses of the program.

The final information students supplied was on the personal impacts of the program. Of those shown in Figure 2.16, only two drew a response rate of more than fifty percent. Satisfying a desire to have a college education and attaining greater personal enrichment each drew a response rate of 58.3%.

Figure 2.16
Personal Impacts of Program on Students
N=12

Item	Frequency
It is satisfying my desire to have a college education	7
I have attained greater personal enrichment and development	7
I feel I have become more competent on my job	3
I have achieved a promotion in my employment	1
I expect to make a useful contribution in the health care field	1
I now realize the program is not for me	1
It has placed a financial burden upon me	1

In comparing these post-course comments with opinions given at the start of the program about the importance of educational objectives in originally attracting them to the program students rated as very important:

To acquire specific skills that will be useful on a job.

To attain greater personal enrichment and development.

The second of the two statements has been reaffirmed by over fifty percent of the respondents in the survey while the attainment of the first objective at this time is inconclusive.

An analysis of students' evaluative comments helps pinpoint special problems of non-traditional programs for a diverse and geographically separated student body. Administrative arrangements are as essential to a program's success as the academic content. Particular attention must be paid to application procedures, registration procedures, procedures for acceptance and transfer of prior credits and procedures for both academic and administrative counseling.

There are other significant issues determining the viability of any educational program (traditional and non-traditional alike) such as at what point should cost effectiveness be used as the major measure of a new program? How vulnerable can a degree program be to career-sampling students and remain operational? What special orientation procedures are necessary for students never in or long absent from an institution of higher education? And finally, how non-traditional can a non-traditional program be and retain academic legitimacy?

SUMMARY

A brief summary of the evaluation of the impact of the Long Term Care Administration major shows a student body similar in intellectual level to traditional students but not as confident of their ability to achieve success in an academic program; and with a pragmatic humanism in that they were more interested in achieving better skills to render higher quality of care and not especially interested in academic values or professional enhancement.

Program impact was measured in two ways: through student completion rates and with a post-program survey of student attitudes.

The overall completion rate for courses was sixty-three percent (unadjusted, 57%).

Students generally expressed satisfaction with the academic aspects of the program, i.e., curriculum, study materials and faculty. They found administrative procedures and some academic services to be wanting and offered suggestions for improvement in these latter two areas.

Based on input from students and other sources the Project Staff is reasonably satisfied that academic features of the program, i.e., content, materials, and faculty are valid and strong. Administrative procedures are questionable and are in need of considerable upgrading. The two areas must be integrated smoothly for an effective and efficient program.

CHAPTER III
IMPACT OF THE CURRICULUM

IMPACT OF THE CURRICULUM

The objective of the Long Term Care Administration major was to educate at the baccalaureate level generalist health administrators for long term care institutions, programs and other organizational forms. Therefore the curriculum structure had to be designed in a form that would facilitate the accomplishment of this goal.

Education for long term care administration has developed mainly outside the formal educational stream, having its roots in continuing education. Concern by educational institutions for long term care administration has been of relatively recent origin, dating generally from the Social Security Amendments of 1967 which mandated the licensing of nursing home administrators by 1972 through an educational process. The growth of formal curricula has been hampered by the trend toward training health administrators which in reality has been dominated in established programs by hospital administration. Where programs included long term care administration content, the usual approach has been through a 'capstone course' in which generic content was applied to long term care settings.

CURRICULUM DEVELOPMENT

Curriculum development for the Long Term Care Administration major was a creative process for both the design of the curriculum and identification of subjects in the Program of Studies.

A research task was undertaken to identify the nature of long term care administration and the knowledge, skill and attitude components of a matching curriculum.

An analysis of baccalaureate level traditional programs which trained health administrators yielded little useful information relative to both required content and program goals. Most programs trained middle management personnel

but provided few dimensions of the role of the middle level manager. The two major content areas of the programs researched were generic Management Sciences and Applied Management Sciences with little or no Health Sciences content.

Various other resources were utilized in the identification of the knowledge and skill components needed by a health administrator in a long term care setting, including faculty experienced in and knowledgeable about health and long term care, prototype continuing education programs, examination rubrics, and contract specifications.

Broad objectives of the program of studies of the major in Long Term Care Administration derived from a synthesis of these sources of information included the following:

(knowledge) a. Graduates should be trained to understand the distinguishing characteristics (social, political, ethical and economic) of the health delivery system and the function of long term care within the system.

(skills) b. Graduates should be trained to competently discharge their functional responsibilities as organizational administrators within the long term care sector of the health delivery system by acquiring knowledge of the underlying management and behavioral sciences fundamental to the effective practice of administration.

(attitudes) c. Graduates should be trained to identify the values associated with a human services role to achieve the highest ethical standards in the humane treatment of their patients/residents through acquiring information on the social, individual and environmental determinants of health.

Competency statements were developed from the information received from the resource experts. The Process Individualized Curricula (PIC) Model for individualizing courses in the program of studies required behaviorally-stated competencies.

In determining subject areas, four categories were utilized to group the knowledge, skill and attitude competencies identified by the resource experts as being needed by competent health managers. These four categories were a) functional (i.e., the functions which managers perform); b) context (i.e., the specialized settings in which they manage); c) situational (i.e., the particular

setting with which they identify); and d) personal (i.e., personal and interpersonal values and qualities).

The functional category was used for competencies associated with behavioral and quantitative management and analytic theories and concepts which are common to management generally.

The context area included competencies in the operation and development of health agencies and institutions, the demand for the provision of health services, and resource planning and utilization.

Generic management skills of planning, organizing, staffing, directing and budgeting applied to the particular work setting were classified as situational competencies.

In the personal category were the values which serve as the foundation of a health manager's philosophy of care.

Competency statements were classified into the appropriate category, grouped according to the content area they related to and individual courses were identified.

In this concept of a curriculum structure, level of administration across different types of health facilities was not the predominant factor in the design. Size of facilities was rejected as a common denominator in training managers. The predominance of a generic content area or discipline was also rejected because of the conviction that application of generic skills to a setting should not be left to a student's capacity for adaptation or to continuing education programs after employment. The relationship of an administrator to his facility differs between institutions, being influenced by many factors such as the nature of the patient population, disease entities and patient care services. Therefore the aim of the curriculum design was to mesh the three equally important components, management content, health care

services and settings, and long term care services and settings into a consistent program of studies which prepared a generalist health administrator for long term care institutions, programs and other organizational forms.

These steps culminated in the identification of an interdisciplinary program of studies incorporating Management Sciences, Behavioral Sciences, Health Sciences, and elements of Political Sciences/Humanities. Various definitions of health administration make reference to Health Sciences, Management Sciences and Political Sciences as well as other knowledge areas. Thus there is consensus that interdisciplinary training is the most appropriate training for a health administrator.

The structure or design of the curriculum and classification of the courses into appropriate categories marked the final stage of curriculum development prior to course development.

A core-required-elective structure was utilized. The purpose of a core is to provide basic knowledge and skills essential for effective functioning in an occupational field. Generally, core courses offer an overview of knowledge most relevant to the chosen field of study. Required courses are those which for the most part affect the functional competencies of administrators. Elective courses are those which provide advanced knowledge which bridges undergraduate and graduate training for a field.

The courses in the Program of Studies classified into one of the above categories are:

Core	Required (Applied)	Electives
Human Relations in Organizations	Personnel Administration	Management Theory and Organizational Theory-Systems
Health and Society	Labor-Management Relations	Regional Health Planning
Health Economics	Financial Management	Health and Aging
Health Delivery System	Introduction to Gerontology	Public Policy and Long Term Care
Evaluative Concepts	Administration of Patient Care Services I	
	Applied Legal Issues	

Degree students were required to take the five core courses and the six applied courses. Certificate students were required to take the five core courses and four of the six applied courses. Total credits available were forty-five. The minimum for degree students was thirty-three and for certificate students, twenty-seven.

A brief review of the elements of the Process Individualized Curricula (PIC) Model will provide a frame of reference for student and faculty evaluations of the effectiveness of individual courses by which the impact of the curriculum was measured.

The PIC Model for individualizing programs of study involves identification of required competencies. The major processes utilized in this model are:

a. identifying required competencies.

b. expressing required competencies in behavioral terms

c. building a structure of competencies ranging from those requiring basic knowledge and skills to those requiring complex knowledge and skills.

Since students have very limited contact with instructors, the materials using the PIC process and methodologies must be highly organized and clearly presented if they are to be effective self-instructional materials. However, because the format was designed to be flexible the course designer could implement his own instructional style and curricular preferences.

There are essentially two stages in the development of study materials - course planning and development, and unit development. Course planning calls for the developer to specify the course rationale, identify and sequence the learning objectives, identify the logical content groupings leading to attainment of objectives, specify the optimal testing points, and prepare the course examinations.

These comprehensive plans then lead to the development of the components

of the course, i.e., the units. Each unit in turn has a rationale, learning objectives, optional pre-and post-tests, learning materials, and strategies for mastering the materials which in turn relate back to the accomplishment of the unit objectives and ultimately the course objectives. Lessons or units are combined in a study guide which also includes the necessary directions to the learner for mastering the material in an independent study mode or in combination with workshop activities.

Each course was evaluated by students and faculty for effectiveness of design components. Summaries of the descriptions and evaluations follow.

EVALUATION OF COURSES

Core Courses

A. Health Care Economics

The ultimate goal of this course was to enable professionals to develop an understanding of how economic analysis contributes a different perspective on problems and issues related to health and health care.

Underlying this general goal are five enabling goals which a student should have attained at the completion of the course. They involve the ability to:

1. State some fundamental laws and define key economic concepts related to macro-and micro-economic theory.
2. Recognize economic analysis and its application to the health field and the health care market.
3. Analyze various key health issues from an economic perspective.
4. Evaluate the use of economic analysis in the health care field.
5. Apply economic analyses to the health care field generally and to the long term care field.

All students evaluating the course felt that the objectives were clear and were supported by the reading material, and that the content was current.

A majority felt that the course properly mixed theoretical concepts and practical applications and that the topics were covered in sufficient detail. A minority of the students felt that the reading level was appropriate for a baccalaureate level course while a majority felt it was too high. Students were unanimous in their satisfaction with tests, projects and workshops.

The instructor recognized that students generally find Economics a difficult subject. Instead of lowering the content level of the course he would reinforce positive attitudes towards the taking of an Economics course. Minor revisions in reading material, and workshop content, format and number are projected.

B. Human Relations in Organizations

This course was designed to promote a general understanding and application of human relations. It stresses individual, interpersonal and group behavior patterns, and the interplay of human and non-human factors in health care institutions.

Goals of the course were to enable the student to acquire knowledge and skills for good administrative practices, to recognize that motivational theory findings provide a basis for logically designing structures, goals, controls, relationships and rewards to influence behavior, and to develop an awareness of changing organizational forms and the influence of human adaptive, coping and creative behavior within variable environments.

Student evaluations of this course showed overall satisfaction with the clarity of course objectives and their attainment through the course materials. The majority felt that the topics studied in the course were covered in sufficient detail, the amount of reading was adequate and the course appropriately blended theoretical and practical content. Opinions were evenly divided on the reading level of this course - half of the students thought it was

appropriate for a baccalaureate course and half thought it was too high. General satisfaction was expressed with tests, projects and workshops.

The instructor felt that the major change that should be considered for this course was to have a different form of class contact than that utilized by the PIC Model (i.e., a workshop). He regarded workshops as uneconomical in terms of learning. Personal meetings and phone contacts would be superior in facilitating student learning. If face-to-face meetings, either formal or informal, are held their timing and length are of critical importance to successful learning outcomes.

C. Health and Society

This course was designed to provide a basic understanding of the evolution of health care in our society. It presents a brief historical perspective, tracing the progressive development of public health as a governmental responsibility and in combination with the private sector. The expansion of various health programs to serve society as well as the role of voluntary agencies in these health programs are described. Emphasis is placed upon the linkages between and among health programs, and the role of the citizen in making full use of these services.

Comprehensive course goals included:

1. Develop an understanding of the historical evolvement of a human services system.

2. Develop an understanding of the ways in which the components of the present health care system interrelate and fail to interrelate.

3. Develop an understanding of the nature and concerns of fundamental health programs within the context of the historical development and the operation of the present system.

4. Develop an understanding of the movement toward an integrated health services system.

The consensus of the student evaluators was that the course content and

materials were appropriate and facilitative of attainment of course objectives. The largest percentage of evaluators felt that the course content was an appropriate blend of the theoretical and the practical and they reacted positively to the appropriate coverage of topics. General satisfaction was expressed with the tests, projects and workshop format.

The instructors of this course felt that the course is not one that continually needs to be revised in terms of content because it covers basic concepts of public health which do not change over time. Supplemental readings will have to be updated and assignments revised to require more student effort for a meaningful learning experience. The limited contact with students was the only negative reaction the instructors had in regard to the course.

D. The Health Delivery System

The general purpose of this course was to provide an introduction to the American health system's principal components - manpower, facilities, and methods of payment among others - to increase the student's awareness of the complexities and problems of the system. Because health maintenance and health improvement are presumably the goals of the health delivery system, this course also presented an overview of the nation's health and how it is measured.

Students had positive attitudes in their overall evaluation of the course. All felt that the course materials supported the objectives, that the content was up-to-date, that all topics were covered in sufficient detail and that the reading level of the materials was appropriate for a baccalaureate level course. A clear majority felt that the objectives were clearly stated, that instructional materials enabled them to meet the course objectives and that the course was not too theoretical. Opinion was evenly divided on the amount of required reading, half being satisfied and the other half suggesting an increased or a decreased amount. All students were satisfied with the tests,

the projects and the workshops.

The instructor reacted favorably to his experience in developing and teaching a non-traditional course. He felt that modifications should include less emphasis on a statistical orientation to the content, updating of materials, and clarifications in the Instructor's Comments and course assignments.

E. Evaluative Concepts and Practices

The primary aim of the course was to introduce the student to some of the major concepts, terms, questions and perspectives of an approach to doing evaluation research and to provide opportunities for application.

The course introduced the student to a 'practical' theory of evaluative research and provided a point of view helpful in communicating with evaluative researchers in the development and interpretation of evaluative studies. Various dimensions of the administrator-researcher relationship were discussed particularly with respect to the delineation of research objectives, the process of doing research, and the application of research findings. Evaluation research was shown to be an important tool which managers can use in planning, setting policy and decision-making.

Five levels of evaluation research were discussed: 1) effort; 2) effectiveness; 3) efficiency; 4) adequacy; and 5) process.

The goals of the course were to enable the students to:

1. Understand how evaluative research can make decision making, goal setting and planning a more rational, objective and informed process.

2. Identify program and organizational problem situations which are, in principle, amenable to the methods of evaluative research.

3. Describe the process of evaluative research in an organizational setting making explicit the program or organizational processes of designing activities which will foster desired activities.

All student evaluations showed positive reactions to the clarity of the

course objectives and the supportive relationship of the course materials to the objectives. The majority felt that all topics were covered in sufficient detail and that the course had both a theoretical and a practical orientation in a satisfactory mixture. The reading level of the materials was judged to be appropriate. Satisfaction was expressed with the required projects but reaction was mixed to the value of the workshops in contributing to the attainment of course objectives.

This was an advanced course whose difficulty level the instructors recognized. They felt there were two basic problems - 1) students were admitted without having met the prerequisites and 2) students with working experience in the health field failed to understand its appropriateness to their practical needs because they do not come from settings in which they are likely to do evaluation research. The instructors recommended that course prerequisites be enforced. Additional background readings on the philosophy and norms of science will be assigned to try to equalize disparate backgrounds of students. An additional unit on evaluators and more problems using a wider range of evaluation techniques will be developed. The instructors felt that the level of the content was appropriate for those who fulfilled the necessary prerequisites whether they had or did not have work experience in the health field.

Required Applied Courses

F. Personnel Administration for Long Term Care Institutions

This course was designed to provide the necessary insights and background for the long term care administrator to deal with the human problems of organization. The purpose was to provide the administrator with the tools to develop a systematic, unified approach to the solution of personnel or

human resource problems as an approach to attainment of organizational objectives through increased productivity and/or efficiency. Emphasis was placed upon the application of theory for the development of policies and procedures which enable the manager to better organize, plan and utilize the human resources of the organization.

The majority of student evaluators were satisfied with the clarity of the course objectives and the supportive nature and suitability of the instructional materials for attainment of objectives. All felt the course was up-to-date. The majority were satisfied that the level of the content was appropriate for a baccalaureate course but dissatisfied with the lack of practical applications in the Study Guide which also served as the textbook. They asked for supplementary readings. Opinion was divided on the level of the reading materials, half feeling that they were at an appropriate level and half feeling they were too high. Study tasks were generally judged demanding as to quantity, and workshops were felt to be helpful and related to instructional objectives. A clear majority of students would recommend this course to others.

In the instructor's opinion the material and format of the course were sound. Study tasks were conceded to be unrealistic from his as well as the students' viewpoints. He was satisfied that the level of the course was appropriate. It has been his experience that practitioners in a field view abstract material from a very narrow frame of reference and sees his responsibility as making every effort to broaden their thinking. Non-practitioners require better educational counseling about the thrust of the course so that they can gain more benefit from it.

G. Labor-Management Relations

The objective of this course was to examine almost exclusively that area

of labor law which is popularly referred to as labor-management relations: specifically that body of, or those rules which govern relationships between management, employees, and labor unions.

The course was designed to provide long term care administrators with an awareness of and a practical frame of reference for labor-management relations problems likely to be encountered in dealing with labor unions. The approach to this objective was through summarizing and interpreting the basic provisions of the National Labor Relations Act, current case law interpreting the Act, and the prevailing rules and regulations of the National Labor Relations Board which has been charged by Congress with responsibility for administering the Act.

Evaluations indicated satisfaction with the clarity of the course objectives and with various features of the content. The course materials were suitable for attainment of the objectives. The content was up-to-date, all topics were covered in sufficient depth and the materials supported the practical orientation of the course. The reading level was appropriate for a baccalaureate level of education but the student evaluators felt there was too much reading required in the course.

The instructor was satisfied that the course could accomplish the learning goals he had outlined because it was soundly constructed. He felt the goals were realistic, that the materials reinforced the goals, and that topics were covered in sufficient depth with timely up-to-date material. Only minor editorial changes were indicated.

H. Financial Management

The goal of this course was to enhance the effectiveness of an administrator with regard to the financial affairs of his/her organization. Content focused on financial management theory as well as practice. The theory provided the

basis for the student's understanding and execution of sound financial management practices.

Student evaluations showed that they were satisfied with the course objectives which they felt were clear. Course materials were judged to be closely related to the objectives and facilitated their attainment. They were satisfied that the content was up-to-date and with the scope of the materials insofar as the coverage to topics was concerned. They felt the reading level was appropriate but that the course requirements were too demanding. Students would recommend the course to others.

The instructor was satisfied that course goals were appropriate and attainable. He felt the study materials helped students master the course. A revision in the study materials was necessary because of the withdrawal of a text book from publication. His revision would incorporate some of the material into the Instructor's lecture and the rest would be eliminated as not being central to the objectives.

A number of problems (over-registration in the course, late arrival of textbooks, etc.) led to a low completion rate at the end of the term. Those who finished after the cerm performed very creditably. The instructor perceived student attitudes as not being oriented to a rigorous course. Workshop attendance was a problem but in his opinion it should remain optional.

I. Introduction to Gerontology

This course was designed to give the administrator information about the aging process and the elderly. Such information was necessary to more adequately meet the needs and demands of the aging for health resources. The content of the course was intended to enrich the planning, organizing, directing, controlling and evaluating efforts of those with administrative responsibility for health resources to ultimately culminate in better service to in-

dividuals, groups and communities.

Among the objectives of the course were to enable the student to:

1. Analyze and summarize the political issues of aging.
2. Explain the importance of the aged person's environment.
3. Describe biological age changes.
4. Describe social - psychological age change.
5. Summarize concepts of aging and describe the relationship between philosophy and aging.

Student evaluations showed satisfaction with course objectives, currentness of the material, adequacy of the treatment of the topics, the reading level of the materials and the amount of required reading. Students also expressed satisfaction with the instructional materials in regard to their contribution to attainment of course objectives. Tests, projects and workshops were all favorably evaluated.

The field-testing of this course was important because the materials were developed by one instructor and taught by another. The teaching faculty felt that as a basic introduction to Gerontology the course was well-planned. Student quality varied as in the other courses so it was essential to enforce prerequisites. Minor revisions in the Study Guide were required in objectives and materials. Student assignments were in need of revisions both qualitatively and quantitatively. The instructor also felt that workshop timing was essential to students' mastery of the material.

This course showed that course materials developed by one faculty according to the PIC model methodology can be successfully used by other faculty from the same discipline or professional field.

J. Administration of Patient Care Services I

The goal of the course was to provide the student with knowledge of the

key services (medical, nursing, and social restorative) to enable him/her to apply management skills of planning, organizing and controlling to achieve effectiveness, efficiency, and quality. Through an examination of the role, functions, staffing and structure of these three areas, the administrator's relationship to patient care services in a long term care facility is delineated and clarified to enable him/her to fulfill legal and social responsibilities for the provision of quality health services to patients.

Student evaluators expressed unanimous satisfaction with the clarity of course objectives, relationship of materials to objectives, currentness of the material, the adequacy of coverage of the content, the theoretical and reading levels of the materials, student requirements, and the sufficiency of the materials for meeting course objectives. Satisfaction was also expressed with tests, projects and workshops in contributing to achievement of the course objectives. All students would recommend the course to others.

This course was taught by three faculty members with backgrounds and experience in the section they were teaching. All were satisfied that their sections supported the course goals and facilitated student learning. All saw the course as being more appropriate for people experienced in the field but very difficult for those who had no institutional experience. Overall, student performance was good in the opinion of all three instructors. All three faculty thought the course was basically sound and that revisions, other than those caused by changing practices in the field were not necessary.

Elective Courses

K. Management Theory and Organizational Theory

The goal of this course was to increase the effectiveness of administrators as managers by helping them to develop and use the conceptual framework identi-

fied with the systems approach to management.

Specifically, the objectives of the course were to enable the student to:

1. Understand the philosophy and concepts of the Systems Approach.
2. Apply systems concepts to the primary management functions of organizing, planning and controlling.
3. Utilize systems concepts in design or redesign of an organization and/or its component parts.
4. Examine the elements of systems management to adapt appropriate ones for increased managerial efficiency.

Student evaluators expressed satisfaction with the clarity of the course objectives, the appropriateness of the materials for the attainment of objectives and felt that the content was up-to-date. Satisfaction was also expressed with the amount of coverage of the topics and with the reading level of the course. The amount of reading was judged to be too great but the majority thought that the instructional materials contributed to the accomplishment of course objectives. There was satisfaction also with the assignments and the workshops in contributing to student mastery of the content.

The instructor felt that this course because of its heavy theoretical emphasis will always be a demanding one and that students should be so informed and encouraged to devote sufficient time to it. Revisions included re-writing explanatory material and clarifying or re-phrasing assignments. Mandatory workshops were also recommended because of the difficulty level of the course.

L. Regional Health Planning

The aim of this course was to help students examine the concept of regional health planning, clarify what the concept means to them and state their opinion/attitudes about regional health planning. At the end of the course each student was expected to be able to describe his/her concept of regional health

planning and to support his/her position on the value of regional health planning.

The course was intended to answer the following questions:

What is a region?
Why should health services be delivered on a regional basis?
What is the planning process?
How is planning done on a regional basis?

The majority of student evaluators felt that the course objectives were clear and that their attainment was facilitated by the course materials. Most thought that the content was up-to-date and that the depth of coverage of the topics was adequate. All felt that the reading level of the materials was appropriate for a baccalaureate program and that the instructional mode contributed to successful learning outcomes. Tests, projects and workshops drew positive responses.

The instructor felt that the course was sound and valid. Revisions other than updating readings were not necessary. He felt that additional mandatory workshops would help students derive more benefit from the content. He also felt that scheduling of workshops on the basis of content groupings rather than calendar considerations would be a more rational way of maximizing the benefits of face-to-face interaction of students and faculty.

M. Applied Legal Issues

This course was concerned with the understanding of legal concepts and an analysis of legislation with which the student in the area of long term care should be familiar. It was designed to lead the student through the realm of legal analysis so that he/she could be able to formulate a course of action that is in accordance with the law. Certain laws and legislation may change over the years, but a legal approach once mastered is applicable to the changing legal scene.

Among the objectives were to enable the student to:

1. Explain the sources of legal authority and the various categories of legal actions.

2. Understand the grounds for which the law affords a remedy for various wrongs, either intentional or unintentional.

3. Identify and describe the area of responsibility in a long term care facility in regard to who is responsible and what is the responsibility.

4. Recognize the general areas regulated by federal and state governments.

No evaluation is available since the course was still in the field-testing phase at the time of the writing of this Report.

N. Health and Aging

This course was designed to help long term care administrators develop an awareness of the problems encountered in later life in order to recognize the need for multiple health and social services. Being able to understand the needs and goals of comprehensive health care programs and to recognize potential medical and mental health hazards facing the elderly, long term care administrators can more effectively plan, organize and build treatment settings for the maladies of the aged.

Course goals included the following:

1. Develop an understanding of the factors contributing to good health in old age.

2. Develop an understanding of the nature of the health problems common to the elderly.

3. Develop an understanding of the mental health needs of the elderly.

4. Identify and describe current geriatric treatment and rehabilitation techniques.

5. Analyze the current health and social services delivery systems and develop an understanding of the movement toward an integrated system of services for the elderly.

6. Understand the need for adequately trained personnel.

No evaluation is available since this course [illegible]ill in the field-testing

phase at the time of the writing of this Report.

O. Public Policy and Long Term Care

This course was intended to enable long term care administrators to identify the role they may play in the political process. The need for informed opinion on the delivery of health care is imperative. The nursing home administrator, one health care professional who is very knowledgeable about the needs of the elderly, should play an active role in the evolution of current and future long term care health policies.

The goals of the course included the following:

1. To introduce some of the basic tools and methodologies pertaining to the development, implementation, and evaluation of public policy.

2. To identify selected major health policy issues in general and those having the most significant impact on the long term care field in particular.

3. To develop an understanding of the processes by which our Nation's health policies are promulgated, evaluated and amended.

No evaluation is available since this course was still in the field-testing phase at the time of the writing of this Report.

SUMMARY

The goal of the curriculum in Long Term Care Administration was to supply the knowledge, skill and attitude components needed by a generalist health administrator for long term care institutions, programs, and other organizational forms.

The process included:

a. Identifying component knowledge and skills graduates should possess.

b. Expressing such attributes as competency statements to derive behavioral objectives.

c. Grouping like competencies into subject areas and identifying

individual courses.

d. Determining the structure of the Program of Studies, classifying the courses according to their primary purpose, and determining student requirements for the degree and certificate programs.

e. Developing the courses.

The evaluation of the impact of the curriculum was made through the individual courses in the Program of Studies. Ideally changes in working habits and practices are the best measures. Since this was not possible, student and faculty opinions were surveyed on the soundness of course construction and the degree of attainment of course objectives.

All courses received at least satisfactory ratings. Courses which were more directly applicable to the work setting were more highly regarded than those whose centrality to administrative tasks were not clearly perceived. All courses however would be recommended by students to other students because they were well-developed and met their objectives. The majority of courses were revised by faculty to eliminate minor design inadequacies.

CHAPTER IV
IMPACT ON FACULTY

IMPACT ON FACULTY

Faculty participating in the development of externalized courses for the Long Term Care Administration major were surveyed about their attitudes towards involvement in a non-traditional program. Data were sought in regard to factors influencing their decision to participate; problems they perceived in the program; satisfaction with the program; changes they identified in themselves as a result of their participation in the program; and their perceptions of similarities and differences between the non-traditional program and students and a traditional program and students.

Responses are reported for eighteen course developers.[1] Fourteen of the respondents were male and four were female. Nine hold a Ph.D. degree; four hold professional degrees (M.D., D.D.S., LL.B.); one holds a Dr.P.H.; three have master's degrees; and one has a baccalaureate degree.

Disciplines or subject fields represented were: Management, Gerontology, Social Work, Sociology, Anthropology, Medicine, Nursing, Biostatistics, Economics, Health Policy, Health Planning, Law and Health Research.

Sixteen of the developers currently hold university appointments as faculty or professional staff and two are field-based. All university faculty hold appointments in the Graduate School of Public Health.

The developers' prior teaching experience included teaching at various levels of the formal educational system as well as in a business or a community agency. The number of years of teaching ranged from two to twenty. Twelve developers had previously participated in various non-traditional modes

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[1] Eliminated from the survey population were the Project Director and one developer who had left the University before the survey was made.

of education, e.g., extension or continuing education programs at the college level; evening or adult education programs at the secondary level; innovative or experimental programs for undergraduates; and noncredit courses, training programs or workshops. Five faculty had also previously participated in the development of special learning materials.

RESPONSES TO QUESTIONNAIRE

A limited number of factors (rated as very important, somewhat important or not important) influenced the decisions of the faculty to participate in the Long Term Care Administration major. The chance to participate in a new venture and the opportunity to work with students who are practicing professionals received equal rating as very important in influencing their decision to participate by fifty percent of the faculty who responded. Somewhat important factors were the general reputation of the program, and salary or other compensatory arrangements in the opinion of fifty percent of the faculty. Not important factors were previous experience with this type of program (93%); status or prestige of being affiliated with a university (73%); and academic quality of the students (50%). The not important factors drew more unanimity from the faculty than those that led to their participation. A majority of the faculty did not agree on the relative importance of such features as curricular focus, nature of the academic program, and the opportunity to work with adults. Figure 4.1 gives the ratings of each factor.[2]

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[2]All Figures in this Chapter use a fifty percent response rate as the lowest limit except where noted.

Figure 4.1

Importance of Factors Influencing Decision of Faculty to Participate
N=14

Factor	Very Important	Somewhat Important	Not Important
General reputation of the program		7	
Previous experience with the type of program			13
Chance to participate in a new venture	7		
Salary or other compensatory arrangements		7	
Academic quality of the students in the program			7
Status or prestige of being affiliated with a university			8
Opportunity to work with students who are practicing professionals	7		

Although not in the majority, more faculty felt that the workload of an externalized course was at least equal to a traditional course. Seventy-one percent were satisfied with the compensation. Opinions were almost equally divided between satisfaction-dissatisfaction with involvement in administrative details while slightly less than half felt the question was not applicable to them. While more were satisfied than dissatisfied with their involvement in curriculum and degree requirement decisions, the majority of the faculty felt this was not an appropriate area for their involvement.

Faculty responded favorably to most of the items related to instructional features of their non-traditional course when compared to a traditional course. For example, they rated the following aspects of their non-traditional course as at least the same as those in a traditional course:

rigor of evaluation.
amount of reading by students.
amount of writing by students.
faculty workload.

Faculty showed a lack of agreement on their perceptions of certain features of a non-traditional course when compared to a traditional course, for example, level of difficulty or rigor, student workload, opportunity for subject area concentration and amount of reading and writing expected of students. Those features which drew a response rate of at least fifty percent in any one of three categories (i.e., more than, equal to, or less than traditional) were: eighty-two percent rated quantity of paperwork for faculty or staff more than in a traditional course; sixty-four percent rated faculty workload the same as a traditional course; fifty-five percent thought the rigor with which students are evaluated to be the same as a traditional program; and one-hundred percent and seventy-three percent respectively rated students' oral presentations and library work as less than in a traditional course. If responses to more than traditional and same as traditional are combined there are only two categories in which a non-traditional course makes less demands of students than a traditional course, namely, amount of oral presentations and volume of library work. Figure 4.2 gives faculty opinions on degree of similarity of instructional features of traditional and non-traditional courses.

Figure 4.2

Comparison of Selected Features of Traditional and Non-Traditional Courses
N=12

Feature	More than Traditional	Same As Traditional	Less Than Traditional
Faculty workload		7	
Rigor with which students are evaluated		6	
Quantity of paperwork for faculty or staff	9		
Amount of oral presentation expected of students			12
Amount of library work expected of students			8

In identifying changes in their interests and attitudes towards non-traditional programs since participating in course development faculty felt the least affected attitude was their interest in working with older students. Sixty two percent of those responding felt they still had the same amount of interest. The greatest gain was in interest in new teaching methods according to eighty-five percent of the faculty. Attitude changes in the direction of greater interest were as follows:

interest in working with independent study students.
interest in non-traditional modes.
interest in new teaching modes.
interest in interdisciplinary work.
interest in preparing non-traditional materials.
interest in new instructional media.

More faculty agreed than disagreed on their rating of changes in attitudes towards non-traditional programs. There were only two attitudes on which faculty did not reach a consensus. They were skepticism about the credibility of non-traditional programs and skepticism about an interdisciplinary curriculum. While the response rate was less than fifty percent, in both instances

the "less now" category drew more than the other categories. The only negative reaction was an increase in the amount of concern for demands on faculty and staff time required to conduct the program. Also on the positive side three faculty indicated that they had changed their usual style of instruction in their other higher education courses as a result of participation in the program, two felt better able to specify learning objectives and one was better able to plan his traditional course. Figure 4.3 reports attitudes changes.

Figure 4.3

Rating by Faculty of Attitude Changes Since Participating in Course Development

Attitude	More Now	About the Same	Less Now	Not Applicable
Interest in working with older students		8		
Interest in working with students studying independently	8			
Interest in non-traditional modes of learning	7			
Concern about the amount of faculty and staff time to conduct the program	7			
Interest in new methods for teaching my discipline	11			
Interest in preparing or helping to prepare materials for new program options or alternatives	8			
Interest in interdisciplinary work	7			
Interest in working with forms of instructional media not previously used	9			

When asked to indicate the extent of their agreement with the statement: "Participation in the program should be considered in-load activity," sixty-four percent agreed and thirty-six percent disagreed (one strongly).

In response to the statement: "The workload in this program makes it difficult for me to find time for research or other professional activities," fifty-three percent agreed and forty-seven percent disagreed.

In comparing non-traditional students to traditional students more faculty perceived the non-traditional students to be higher than traditional students in independence, self-motivation, drive to achieve, and persistence in that order. More faculty perceived the non-traditional students to be the same as traditional students in interpersonal skills, humanitarianism, academic ability and leadership ability. On only one trait, writing ability, did the majority of faculty perceive the non-traditional students to be lower than regular students. It is interesting to note that the only trait on which no faculty rated non-traditional students higher was academic ability. The only trait which failed to draw a majority of the faculty responses was self-confidence. On this, opinion was equally divided that non-traditional students were higher than (46%) - the same as (46%)-traditional students. Refer to Figure 4.4 for the rating of non-traditional students when compared to traditional students.

Figure 4.4

Faculty Perception of Traits of Non-Traditional Students Compared to Traditional Students

Trait	Non-Traditional Students are Higher	Non-Traditional Students are About the Same	Non-Traditional Students are Lower
Academic ability		6	
Drive to achieve	8		
Independence	9		
Interpersonal skills		7	
Leadership ability		6	
Humanitarianism		6	
Persistence	6		
Self-motivation	9		
Writing ability			6

Seven felt the non-traditional program would not attract students away from traditional programs but rather would serve a unique population.

For the final item, faculty were asked to indicate from a list of possible problems encountered in non-traditional programs those they felt would be problems in the Long Term Care Administration major. There were no factors rated as a serious problem by fifty percent or more of the faculty. Three areas received equal ranking as somewhat of a problem: a) provisions and arrangements for advising and counseling students (56%); b) conflicting demands on faculty time (59%); and c) selection of qualified instructors/counselors (63%). Quality of courses as compared with regular courses was not a problem to sixty-nine percent, and sixty-five percent did not anticipate a problem with the availability of classroom sites. Faculty were divided in their perceptions of the degree of a problem of the following factors: access of faculty and students to each other, ease of getting to instructional sites,

assessment of students' prior experience, adequacy of library facilities at area locations, and academic control over the program. Clear distinctions on a dichotomy of problem/nonproblem were made by developers in all but two cases, i.e., assessment of students' prior experience, and academic control over the program. These two activities were perceived as problems by a slight majority. Items not considered to be problems with the exception of program quality were general administration features; those perceived to be somewhat of a problem were in the area of academic administration. Figure 4.5 gives a breakdown of classifications of problems identified by faculty.

Figure 4.5

Factors Perceived by Faculty to Be Problems in the Long Term Care Administration Major

Factor	Not a Problem	Somewhat of a Problem	A Serious Problem	Undecided
Provisions and arrangements for advising and counseling students		10		
Access of LTCA students to one another outside of classroom		9		
Conflicting demands on faculty time		10		
General coordination and administration of the program	8			
Availability of support services	9			
Quality of courses taught in the program compared with regular courses	11			
Availability of instructional facilities	11			
Selection of qualified instructors/counselors		10		

INTERVIEW RESPONSES

In the original study there was no attempt to probe into the reasons why faculty responded as they did. On re-study of the responses it was felt that further inquiry into at least one set of questions, those pertaining to possible problems, would be useful. Nine of the faculty responding to the original survey were selected for an interview on the basis of actual experience in teaching a course at least once since the Long Term Care Administration major's inception. No attempt was made to relate the re-interview responses to the original answers. The thirteen factors shown in Table 9 in Appendix A were grouped into three topical sets. Three new questions about changes that might be recommended were added to the interview schedule. The responses to these questions are included at the end of this section.

The first set of factors were labeled administrative factors and included availability of support services, availability of instructional facilities, general coordination/administration of the program, and ease with which faculty get to off-campus instructional locations. The only one of these considered by at least fifty percent of the interviewees to be a problem (somewhat of a problem, 47%; a serious problem, 12%) was the difficulty with travel to off-campus class locations. Only those persons whose classes were scheduled in Philadelphia, Pa. had encountered any problems. All minor, they included distance from airport, the weather, and the time consumed.

The second set of factors were faculty-student items, all of which were considered problems in the original survey. Numerous causes were ascribed to provisions and arrangements for advising and counseling students being considered a problem (somewhat of a problem, 56%; a serious problem, 33%). While students were encouraged to telephone faculty members, faculty felt the

small number of calls indicated a hesitation to do so. One instructor pointed out that even telephoning could pose a financial burden for some students. With better counseling arrangements, poorly prepared students could be advised not to take a course and disparities in student achievements could be reduced.

Access of faculty and students to one another outside the classroom was somewhat of a problem to forty-one percent and a serious problem to forty-one percent. Some instructors thought that the telephone or written communication adequately took care of the problem of faculty and student access to each other, but others felt that they were not sufficient substitutes for the face-to-face contact to be found in the classroom, although the question of expense was raised again. The general feeling was that this did not have to be a problem if faculty made a greater commitment than a traditional course required.

Ninety-four percent of the faculty judged access of LTCA students to one another outside the classroom to be a problem (somewhat of a problem, 53%; a serious problem, 41%). Two faculty members felt strongly about this factor. There was little evidence that students did much getting together. As a rule they lived some distance apart from one another and contact was not very feasible. However, one faculty member felt that students wanted this contact as evidenced by their workshop conversations, although much depended on the individual student. Suggestions were made that the program make efforts to encourage more frequent student contacts.

The third set of factors were program items some of which were not originally considered to be problems. There was no faculty member in the re-interview who did not say that adequacy of library and other learning facilities at the area location was not a problem. Some faculty had assumed that the

students, particularly those in rural areas, would have difficulty obtaining reading materials and had either included them in their course Study Guide or had distributed them at the workshops. All acknowledged that availability of students to non-distributed materials depended on where they lived and this was indeed a problem for both faculty and students.

Assessment of student's prior experience (somewhat of a problem, 25%; a serious problem, 25%) was interpreted by faculty as evaluation of the student's background knowledge pre-requisite to successful completion of some of the more advanced courses. For the introductory courses this was not an important issue. Insufficient advanced courses had been offered to indicate whether ratings would change later and why.

Conflicting demands on faculty time (somewhat of a problem, 59%; a serious problem, 12%) was discussed in two parts - time for preparation of the Study Guide and time for offering the course. The demand on time during preparation of the Study Guide was almost unanimously considered a problem by interviewees who pointed out that they had underestimated the time required and also that this was a new experience for which they were not sufficiently trained. Some wished to make extensive revisions before repeating the course, which again would make a demand on time.

Time conflicts encountered during the offering of the course were of a lesser degree. Generally time demands were in proportion to the course assignments required of the students.

While quality of courses was not considered a problem in either of the surveys, faculty felt that quality was high. Negative factors which may have had a vitiating effect on quality were unfamiliarity with non-traditional modes of teaching, lack of knowledge of the level of student enrolled, and difficulty in establishing a formal environment for teaching-learning.

Faculty did not feel that they could comment on the selection of qualified instructors - counselors (somewhat of a problem, 63%; a serious problem, 13%) because it was a program, not a faculty, problem. They indicated that selecting good faculty had to be a major problem for the program.

Academic control was also seen by faculty as a program problem, not an individual faculty problem. Problems mentioned as academic administration problems dealt with admissions and enrollment and a suggestion was made to have an admissions officer who would be familiar enough with the substance of the program to be able to advise students on the selection of courses.

Respondents were asked to consider questions bearing on the future of the program.

To the question: "Would you like to remain in the program?", all but two said yes if they had the same course. They enjoyed the contact with mature adult students and the opportunity to do something novel in their fields. They felt the program should be continued with different administrative procedures. They also suggested this program could serve as a prototype for other educational institutions to adopt and/or it could be 'packaged' to be delivered to other schools.

Changes suggested by the faculty for the program were:

a. simplified administration.
b. greater interchange and coordination among faculty.
c. more faculty control over classes, Study Guides, assignments, etc. and less rigid application of the concept of the unalterable contact, especially when the objective is to facilitate student learning.
d. flexibility in the number and scheduling of workshops including their elimination depending on the subject matter.

SUMMARY

From an overall perspective, faculty had positive feelings about their participation in the non-traditional program.

Faculty viewed as important in their decision to be involved the opportunity to participate in a new program, the flexible nature of the academic program and the experience of working with students who are practicing professionals.

Their expectations for a non-traditional course were at least equal to those they hold for traditional courses. The nature of an independent study course and the geographic dispersion of students account for their lower expectations of students' oral presentations and library work. The charge that non-traditional programs are less rigorous than traditional programs is not substantiated by this survey.

Faculty developers expressed more satisfaction than dissatisfaction with non-academic features affecting them (i.e., workload, salary, etc.). While the majority felt participation should be an inload activity, opinions were about equally divided that the time commitment restricted the time available for research and professional activities.

Positive educational gains associated with participation were identified by the faculty. Developers now have greater interest in non-traditional modes of learning, new teaching methods, preparation of instructional materials and use of different instructional media. Some expect to adapt these new skills to their traditional courses.

Faculty have also developed a greater interest in working with students who are studying independently. Faculty hold very positive views of non-traditional students. While none thought non-traditional students were higher in academic ability than traditional students, somewhat more than half thought they were at least the same as traditional students. The only trait or skill on which non-traditional students were rated lower than traditional students was in writing ability.

Faculty have some concerns about potential administrative problems in a non-traditional program. Their concerns are with advisement and counseling, selection of qualified instructors or counselors, faculty-student and student-student contacts, adequacy of library facilities available to students and conflicting demands made on their time. These problems lie in the area of academic administration although faculty did not show a clear perception of either a problem or a non-problem with academic control of the problem.

CHAPTER V
IMPACT ON THE FIELD

IMPACT ON THE FIELD

The benefits of higher education have been documented in the literature from economic, social and personal perspectives. However, there is a dearth of studies on the benefits of education (either individual or social) of persons who have delayed their higher education to their mature adult years. Most of the research has focused on either young people currently undergoing a college experience to determine changes in their knowledge, attitudes, and skills or on graduates a number of years after graduation to determine changes in their occupational, social and economic status.

Educational benefits can also be determined by tracing the development of an occupational field and the level of education required for practice. An example of the increased emphasis on educational preparation is the field of Management. The Carnegie Commission on Higher Education[1] reported that in the business sector an increasingly higher level of educational preparation was required due to two factors: a) the long term trend toward a pronounced increase in the relative importance of salaried managers; and b) the increased demand for employed persons specifically trained for managerial positions.

In the health field the pattern of the development of education for health administrators shows similarities to the business field. As documented by the Commission on Education for Health Administration[2] there are many unmet educational needs including formal preparation of those working in administrative positions in established settings. A pressing need for administrative expertise is being felt in newly-legislated agencies and programs and for new

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[1] College Graduates and Jobs. A Report and Recommendations by the Carnegie Commission on Higher Education, (New York: McGraw Hill Book Company, 1973), pp. 108-109.

[2] Report of the Commission, Education For Health Administration, vol. 1 (Ann Arbor, Mich.: Health Administration Press, 1975), p. 6.

activities in established settings.

Specific needs of the field of health administration are for updated knowledge, attitudes, and skill competencies, leadership preparation, and preparation in the implementation of the process of health administration.

Data provided by the Commission[3] show that formal degree programs have not played a significant role in the preparation of long term care administrators and clearly not through health administration programs. A conclusion which the Commission called obvious is that present formal health administration programs are not reaching many persons carrying health administration responsibilities nor reaching a majority of those working in settings other than hospitals and health departments.

What is the nature of long term care administration? Parameters are narrower but from the standpoint of the practice of administration or management, knowledge and skills are similar to other health administration sectors. An additional dimension in long term care administration comes from the unique problems associated with their long term populations which differentiate them from other health administrators.

With the increased longevity of the population and changing societal values, long term care has grown into a national concern. There can be no question that administrative practices must reflect a more professional approach. This is impossible to accomplish through continuing education programs whose goals are narrow, specific and problem oriented. Degree education will remain the only effective way to create a professional identity for the long term care administrator.

While traditionally a field upgrades itself through an infusion of young better-prepared workers, the institutions in the long term care field have not

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[3] Ibid., pp. 56-57.

been competitive with other sectors of the health field for employees, thus making this route impractical for achieving such a goal in the near future.

The University of Pittsburgh program essentially combined a recommendation of the Commission on Education for Health Administration to provide learning opportunities for practicing administrators with the goal of providing career mobility opportunities for employed long term care personnel and the need of the long term care field for a pool of managerial talent with formal training in health administration for long term care settings. Assumptions were made that not only would the educational experience be strengthened by opportunities to concurrently interweave education and practice but the field would benefit in that the students would remain employed in long term care settings.

In evaluating the extent to which the program could achieve its purpose of adding to the pool of trained manpower, students were asked to indicate their future employment plans.

The preference of all students for a position after graduation was an operational administrator role. Policy making and planning positions were not immediate targets. Ninety-six percent indicated a long term care setting (nursing home, mental hospital, retardation facility etc.) was the preferred place of employment.

Thirty-six percent (16) plan to change their place of employment after graduation while the balance of twenty-nine plan to remain in their present position. Of those not changing positions there was no consensus on the reasons. Modal responses (all of them well below the fifty percent response level) indicated functions of the position as the most important reason for remaining, followed by personal/social compatability with employer and/or staff, and salary and fringe benefits as second and third reasons respectively.

Those planning to change employment after completion of their educational program rated factors they felt were important in securing a new position. The rating scale ranged from a low of no importance to a high of extremely important.

Based on modal responses reputation of the institution was chosen as extremely important; personal contacts/references was rated very important; a specific competency was fairly important; physical facilities was rated by an equal number as somewhat important and of little important; and spouse's place of employment was not important. Figure 5.1 shows responses for categories at the fifty percent level or higher.

Figure 5.1

Rating of Importance of Factors in
Securing Employment
N=16

Very Important	Not Important
Personal contacts/references (10)	Spouse's employment location (9)
Position functions (8)	
Specific competency (8)	

From the information they supplied, it appears that students initially plan to remain employed within long term care settings. Those indicating an intention to change are nevertheless planning careers within long term care but for the greater majority (87%) at a higher level while thirteen percent are planning lateral transfers.

These data indicate that the assumptions guiding the development of the program were correct for the immediate future at least.

SUMMARY

There is increasing complexity in both the internal and external environments of the institutions and agencies serving long term care populations. There is increased competition for resources, more demands from consumers, more restrictive government regulations, new alternative delivery systems, higher costs and unresolved reimbursement problems.

The economic survival of these organizational forms is dependent upon the effectiveness of human performance. One way to upgrade performance is to provide higher education opportunities for employed personnel. A serendipitous outcome may be the enhanced reputation of long term care institutions as places of employment for new administrators.

PART II

EVALUATION OF GOALS

CHAPTER VI

EVALUATION OF PROGRAM AND CURRICULUM GOALS

EVALUATION OF PROGRAM AND CURRICULUM GOALS

Goals of the program and the curriculum were derived from analyses of the needs of students, the needs of the field, the objectives of the contract and the standards required by the University for an educational program.

The goals of the program in Long Term Care Administration were:

1. The program should be accessible.

   Accessibility was interpreted from a geographic and a course format standpoint.

2. The program should be adaptable to the life styles of the student body.

   The student body for a non-traditional degree has distinctive characteristics and life circumstances that make a traditional program unsuitable. They are mature people who hold full time positions, generally have family responsibilities, earn their own livelihood, live in areas inaccessible to university campuses, and have positions that make heavy demands on their time. Their educational aspirations cover a wide variety of personal and professional goals.

3. The instructional mode of the program should focus on personalized methods for faculty-student relationships.

   The program should not rely on impersonal methods of instruction but should include opportunities for:

   a. educational counseling with faculty and staff.
   b. personal interaction among students and between students and faculty.

4. The major should include content from relevant disciplines.

   There is consensus that interdisciplinary training is the only appropriate training for a health administrator. An administrator draws upon insights from many fields in applying problem solving skills to situations encountered in the management of health care facilities. Further reinforcement for this approach to training is supplied in the definitions of health administration which make reference to Health Sciences, Management Sciences, Behavioral Sciences and Political Sciences as well as other knowledge areas.

5. The program should have flexible provisions for meeting degree requirements.

Students should be given unrestricted opportunities to utilize traditional and non-traditional modes of learning such as on-campus course work, externalized courses, challenge examinations, advanced placement, advanced standing, assessment of prior work experience and any other mode or mechanism that is educationally sound.

6. The program should provide opportunities for employed administrators to acquire knowledge and skills essential for sound administrative practice and for horizontal and/or vertical mobility in the long term care field or in other components of the health care system.

   Increasing the pool of educationally prepared administrators - both those now employed and new entrants - should be within the scope of the non-traditional major. Additional curriculum elements may be necessary for those students who lack practical experience in a long term care facility.

7. The program should assist administrators to develop a professional identity.

   One component of a profession is education. As described in the literature[1] the professional possesses a specialized body of knowledge and skills acquired over a prolonged period of education and training. The Long Term Care Administration major should contribute to that fund of knowledge.

8. The program should help new administrators meet the educational entrance requirements for licensure as a nursing home administrator.

   Higher education requirements are being mandated by a majority of the states for new applicants for licensure.

9. The program should provide access to graduate study.

   The degree should not be terminal but should enable those who aspire to education beyond the baccalaureate to qualify for admission.

The goals for the curriculum were:

1. To enable graduates to understand the distinguishing characteristics, i.e., social, political, ethical, and economic, of the health delivery system and the function of long term care organizations within the system.

2. To enable graduates to competently discharge their functional responsibilities as organizational administrators by acquiring knowledge of the underlying management and behavioral sciences fundamental to the effective practice of administration.

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[1]Edgar H. Schein, Professional Education, (New York: McGraw-Hill Book Company, 1972), p. 8.

3. To enable graduates to internalize the value orientations identified with a human service role to achieve the highest ethical standards in the humane treatment of their patients through acquiring knowledge and understanding of the social, individual and environmental determinants of health.

As an initial step in the evaluation of program and curriculum goals, during the developmental phase of the Project the Advisory Board evaluated the appropriateness and priority of each goal in contributing to the objective of the major in Long Term Care Administration (i.e., to educate at the baccalaureate level generalist health administrators for long term care institutions, programs and other organizational forms). The results are summarized in Figure 6.1.

Figure 6.1

Appropriateness and Priority Rating of Program and Curriculum Goals of The Long Term Care Administration Major
N=10

Program or Curriculum Goal	Appropriateness			Priority		
	High	Moderate	Low	High	Moderate	Low
Geographical accessibility	8	1	1	5	4	1
Delivery system adaptability	8	1	1	5	4	1
Personalization of instruction	9	1		9	1	
Interdisciplinary program	- - - - - - - -			- - - - - - - -		
Flexibility in meeting degree requirements	10			10		
Extend degree opportunities to employed administrators	9	1		9	1	
Aid development of professional identity	1	8	1		8	2
Aid in meeting educational requirements for licensure	4	6		4	6	
Provide access to graduate study	2	7	1	1	7	2
Understand characteristics of health delivery system and long term care organizations	9	1		9	1	
Acquire knowledge of management and behavioral sciences underlying effective practice	8		2	8		2
Acquire knowledge and understanding of the determinants of health	6	3	1	6	2	2

The Advisory Board gave the highest ratings for appropriateness and priority to the program goal of flexibility in meeting degree requirements. Second choice was tied between personalization of instruction and extending degree opportunities to employed administrators.

Highest ratings for curriculum goals were given to acquiring understanding of the distinguishing characteristics of the health delivery system and long term care organizations.

Evidence of the achievement of program goals comes from a variety of data sources.

In regard to geographic accessibility students from twenty-one counties in Pennsylvania registered in the courses. They tended to cluster around the two major cities of Pittsburgh and Philadelphia with a sprinkling of people in the center of the state who were about equidistant from either of these two cities.

Delivery system adaptability was attained through development of all the course materials in an independent study mode. Student comments were supportive of this mode of instruction in helping them realize the goal of a degree.

Personalization of instruction was achieved through workshops, individual counseling sessions with faculty, telephone consulting hours or mail contacts. There was a selective use of these mechanisms as shown by class records. Faculty viewed student-student and student-faculty access as a problem and Advisory Board members rated this goal very highly but students were not in agreement about the value of personal contacts to the successful completion of a course. The appropriateness of this objective as viewed by faculty and Advisory Board members is important but from a student viewpoint the appropriateness is questionable and therefore attainment relatively

unimportant.

The attainment of the objective of providing an interdisciplinary program is documented in Chapter III which describes the curriculum design and the specification of competencies from various disciplines and applied sciences. Courses organized to facilitate student acquisition of these competencies were evaluated as effective in meeting their objectives by both faculty and students.

Flexibility in meeting degree requirements was not attained and under the present policies, is not attainable. The program did not have a provision for granting credit for prior experience nor for accelerating the time for completing a course. Experience suggests that students complete a course within a fifteen week term to one year or not at all, but in no instance earlier. Credits can be transferred into the major program but there is a limitation on the number. The University's standard policy is that at least fifteen credits must be taken at this institution. A major drawback is that very few programs have courses comparable to the courses in the Long Term Care Administration major thus restricting students in their opportunity to take courses elsewhere. Only one student had asked for a waiver of a course taken at another institution.

Employed students were successfully recruited into the program. Data collected from the entering class showed that almost all were employed in a health facility and approximately ninety percent worked in a long term care facility. Later applicants worked in the health field but not necessarily in a long term care facility.

The development of a professional identity was not an important career objective of the non-traditional students. It appears that there is some congruence between the Advisory Board's moderate' appropriateness and

priority rating and students rating of 'somewhat important'. Attainment under these circumstances is difficult to define.

There is also no evidence to assess the degree of attainment of the goal of aiding students to meet educational requirements for relicensure. However, if those students who are presently working for an NHA license or indicated a desire to work for a license (40% of those for whom data were reported) actually earn a license, the program may be considered to have had some value for such a purpose.

The goal of providing access to graduate study is not a value for non-traditional students. It was rated as 'not at all important' to their career goals. The Advisory Board rated it as having moderate appropriateness and moderate priority as a goal of the program. Assessment of its attainment lies in the future.

Attainment of curriculum goals for acquisition of knowledge, skills and attitudes cannot be substantiated with pre-test, post-test data nor is it possible to document changes in work habits.

Some evidence is available from a competency and acquisition rating questionnaire completed by students as part of their evaluation of courses. (Form 9 in Appendix B).

To illustrate how students rated their learning level and how it was acquired, their evaluation of two core courses is summarized.

For a Management core course, students for the most part rated themselves as above average in competency in the terminal objectives and for the majority of objectives credited the course with being the source of all their competency.

For a Health core course, the majority of students rated themselves as moderately competent in the terminal objectives and identified the course as the source of some of their competency with some acquired from other sources.

This experience was for the most part replicated in other courses so that a plausible assumption is that the curriculum goals are being achieved.

SUMMARY

Of the nine program goals, evaluation data indicate five were achieved, one was not realized, and the data were inconclusive for three.

Although objective measures are lacking there are indications from students' evaluations that curriculum goals have been achieved to some extent.

PART III

POTENTIAL OF A NON-TRADITIONAL PROGRAM

CHAPTER VII

POTENTIAL FOR MEETING NEEDS OF WOMEN AND MINORITIES

POTENTIAL FOR MEETING NEEDS OF WOMEN AND MINORITIES

In announcing the Long Term Care Administration major no specific recruitment drive was directed toward women and minorities. Recruitment data collected on the response to the announcement of the program showed that seventy-five percent of the applications for admission were from females. Actual enrollment statistics showed that females accounted for seventy-eight percent of the student body with a ratio of approximately three females to every male enrolled. This response was greater than indicated by an educational needs assessment survey conducted in 1973[1] in which the ratio of females to males who were interested in a baccalaureate level program was two to one.

Potential for meeting the needs of special sub-groups can be deduced by examining the characteristics of these groups and analyzing the program's experience with them.

For women enrolled in the Long Term Care Administration major the racial make-up was eighty-six percent caucasian, eleven percent black and three percent asian/pacific islander. The average age of all females was 41.9 years with ages ranging from 28 to 63. The modal age category was 40-49 years with 38.2 percent of the group falling in that range. Sixty percent were married, with twenty-six percent single, eight percent divorced or separated, and six percent widowed. All had their own households, but all were not heads of the household. Average number of dependents equaled 2.2 persons. For students with single status the average number of dependents was one person.

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[1] Annabelle L. Kleppick and Nancy Costanzo, An Educational Needs Assessment of Long Term Care Administrative Personnel in the Commonwealth of Pennsylvania, (Bethesda, MD.: ERIC Document Reproduction Service, ED 124713, 1976).

The modal household income for all women and minority students was $15,000 to $19,999 as was the median income. Incomes ranged from less than $3,000 to over $25,000. For single students the modal household income was also $15,000 - $19,999. Their median income was approximately $12,000 with incomes ranging from less than $3,000 to $19,999. Modal and median household income for married female students was $15,000 to $19,999. Income range for these students was from $9000 to over $25,000.

The majority of females (51.4%) held positions as administrators with the next largest group (14%) being directors of nursing service. Other positions held were staff nurse, activities director, business manager, nurse instructor, aide, and social service director. Ninety-one percent worked in nursing homes, with the balance employed in hospitals (acute or mental or MH/MR facilities) or were unemployed.

Forty-six percent of the females hold an NHA, seventeen percent are working on fulfilling the requirements to earn a license, twenty-nine percent desire to begin working on earning one and eight percent are not interested. Additional licenses held by this group are RN (43%) and LPN (17%).

The modal educational level was sixty semester units or more of college work. Educational backgrounds ranged from a high school diploma/GED to post-baccalaureate work. Three hold bachelor's degrees (two in Nursing and one in Secondary Education). Forty-Three percent had earned college credits ranging from less than thirty to over sixty.

Female students were financing their educational program through a variety of sources. Sixty three percent financed all their tuition from one source only: fifteen used their own earnings; two received total support from their religious congregation; one received government support; one had a full scholarship; one was financed by her employer; and two used their

spouse's earnings.

Thirty seven percent used two sources to pay expenses, such as spouse's earnings and own earnings (80%-20%); own earnings and employer (75%-25%; 60%-40%; and 50%-50%); one used savings and earnings (50%-50%); and one used own earnings and government support in unspecified amounts.

For single women, seventy-one percent used financial resources from one source only and twenty-nine percent used two sources. Of those using one source, six used their own earnings, one was financed by her employer, one had a full scholarship and two were supported by their religious congregation. Three used two sources such as earnings and employer (50%-50%) and one used earnings and student support in unspecified amounts.

Based on modal responses a profile of a female registrant in the Long Term Care Administration major shows:

Position	Administrator
Facility	Nursing Home
Age	40-49 years
License	NHA
Educational Level	60 plus college credits
Marital Status	Married
Family Income	$15,000 - $19,000
Race	Caucasion
Dependents	2.2
Household Status	Member of own
Financing Education	100% from own earnings

The career aspirations of this group of students included the following expectations for the educational program.

Twenty (57%) expected to remain with their present employer while the balance (43%) were planning to change. The largest group (66%) aspired to become the top administrator. Other positions which students hoped to hold were: executive director, associate or assistant administrator, and departmental supervisor. Females' self-perceptions of their abilities, traits and skills are included in those reported for the total student group in Chapter

II, Impact on Students. Their opinions agreed with the great majority of variables, differing only on two factors.

For example, they gave equal rating to opportunity to be of service to other people as both a very important and a deciding factor in considering a career. They also rated equally a chance to achieve status or prestige as not applying to them or as an important factor in considering a career.

In addition they differed from the total group in rating of several life goals. They considered financial security to be a fairly important goal and they considered leadership status to be equally somewhat important and fairly important.

Female students' attitudes towards their educational experience were in general positive.

Forty-two percent felt that the program was meeting their objectives.

Of those who planned to discontinue their studies the largest percentages (16% each) said the reasons were because of job conflicts or they preferred a traditional program. Other reasons were preference for one day programs for continuing education, dissatisfaction with faculty, unchallenging curriculum materials, family problems and health problems.

They were originally attracted to the program because of the field of preparation, flexibility of the program and opportunity for part-time study. They were most interested in acquiring skills to improve the quality of care and in acquiring specific job skills. They were also interested in their own personal development.

Female students listed as the principal problems they encountered in the program, trouble getting started (63%); and fitting studies into their schedules (53%). Sixty-eight percent felt that their work experience helped them be a better student and fifty-eight percent developed an interest in postgraduate

work.

Female students listed the largest additional expense items of the program (after tuition) as travel (74%) and books and materials (68%).

SUMMARY

The Long Term Care Administration program provided access to degree education for females and minorities who could not otherwise have participated in higher education.

Potential of a program and its success or failure cannot be judged only on content, format and number of students. In dealing with special subgroups there are other factors which must be considered. In the case of women, there are factors inhibiting career aspirations, such as increased job responsibilities competing with time for family; financial factors, such as diverting money from family needs to pay for education; pessimism about suitable job opportunities commensurate with time and effort expended to acquire the necessary training; perceptions of self and one's abilities which in the case of mature women are generally low; and family resistance to sharing time with an activity outside the home. There are also traits of the person, i.e., attitudes, motivation and personality factors, that interact with educational and situational factors to reinforce or defeat efforts to service special needs.

CHAPTER VIII

POTENTIAL FOR ACCOMMODATING LIFELONG LEARNING AND CONTINUING EDUCATION

POTENTIAL FOR ACCOMMODATING LIFELONG LEARNING AND CONTINUING EDUCATION

In discussing the potential of the Long Term Care Administration major for accommodating lifelong learning or continuing education, it is necessary to define the meaning of both of these terms and to identify their characteristics. The Long Term Care major will then be examined for its adaptability to both these types of approaches to education.

Lifelong learning is based on the concept of a learning society in which learning over a lifespan is considered the preferred method of education.[1] Adult learning takes place over a lifespan on either a full or part-time basis and for personal or career goals. It recognizes that motivation to learn increases the impact of learning and that some learning is more appropriate to one age than another.[2]

Lifelong learning populations are adults beyond the traditional college ages of 18-22 who may or may not have had some prior post secondary education. Studies have shown that adults are interested in new learning and have acquired it in a variety of formats. Studies also show that problems of geographic access, financing, time restrictions and home responsibilities are barriers to greater adult participation.

Educational changes resulting from the implementation of the lifelong learning concept include new teacher-student relationships, learning as a shared experience between teachers and students, and new course formats which increase the independence of the learner. Lifelong learning recognizes the

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[1] Carol H. Shulman, Premises And Programs For A Learning Society, (Washington, DC: American Association For Higher Education, 1975), p. 1.

[2] The Learning Society, n.p.: Center For Continuing Education, University of Notre Dame, n.d., p. 4.

practice of granting credit for prior experience in certain circumstances and the idea of individualized learning programs.[3]

A program conforming to the concept of lifelong learning may show but not be limited to the following characteristics:

1. it would not interfere with the continued employment of the student.
2. it would offer a recognized credential such as a degree or certificate.
3. the time in which to earn the credential would be variable instead of fixed.
4. the curriculum design would consist of conceptual and practical learning.
5. admissions standards would not be restrictive.

Continuing education encompasses a variety of formats, e.g., formalized courses, advanced seminars, short courses and workshops. It is mainly intended to update skills and knowledge with an emphasis on practical applications to the work setting. Offered for those with a variety of educational backgrounds, there are no admissions standards, no performance standards required of students, and few if any quality controls.

In some instances continuing education programs may be taken for credits. Such programs however are primarily intended for practitioners in high level positions to update knowledge and skills and enhance career mobility.

A brief examination of the Long Term Care Administration major shows that it meets the criteria for programs that implement the lifelong learning concept. It was designed for employed administrators, the independent study mode

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[3]Samuel B. Gould and K. Patricia Cross, eds., Explorations In Non-Traditional Study, (San Francisco: Jossey-Bass Inc., 1972); Dyckman W. Vermilye, ed., Individualizing The System, (San Francisco: Jossey-Bass Publishers, 1976); and K. Patricia Cross, John R. Valley and Associates, Planning Non-Traditional Programs, (San Francisco: Jossey-Bass Publishers, 1974).

of the courses places most of the responsibility for learning on the student with the teacher serving primarily as a resource person, it has some flexibility in regard to the time for earning a credential, and it offers recognized credentials.

The potential of the program for satisfying continuing education of Long Term Care Administration students is also indicated. The individual courses can be used for re-licensure requirements. They can be used to prepare and/or qualify the student to sit for the licensure examination. They can be used by administrators for indepth study in a specific subject area either for upgrading or updating knowledge and skills. However, because they make many more demands on a student (in time, expense and accountability for learning) than a one-or two-day program does they are not likely to be utilized except by the most highly motivated practitioners or aspirants to an administrative position. The ultimate advantage the student has, if his/her original intention was to use them for continuing education only, is, in the event of a change in educational goals, to apply them toward a credential.

SUMMARY

An examination of characteristics of lifelong learning and continuing education and a comparison of the characteristics of the Long Term Care Administration major with the major characteristics of these two types of education indicate that the non-traditional major has the flexible structure and delivery system to meet the needs of students in both of these areas of learning.

PART IV

SUMMARY AND RECOMMENDATIONS

CHAPTER IX
SUMMARY AND DISCUSSION

SUMMARY AND DISCUSSION

Summary

Evaluation data for the non-traditional major in Long Term Care Administration showed that students in the program were not significantly different on a number of variables than a traditional student group.

Non-traditional students can be characterized as mature adults who have been absent from a formal educational setting for a number of years, are married and have dependents, are permanently employed which prevents their attendance at traditional programs, have experienced career development through their work setting, and have a desire to attend a formal educational program to acquire specific skills to upgrade the quality of patient care.

Non-traditional students in the Long Term Care Administration major were equal in knowledge, comprehension, and application skills to traditional students in health administration programs. They differed significantly from traditional students on only one factor out of six relating to health care. On the factor, Social Desirability, non-traditional students were less likely to endorse statements that would reflect on them in socially desirable ways.

In regard to traits, non-traditional students lacked confidence in their academic ability and their leadership ability when compared to traditional students. In considering a career they were attracted by the opportunity to be of service to other people, and they aspired to highly successful careers.

Findings also showed that faculty who participated in the program as developers and teachers of courses felt they had benefited through imroving their skills in developing materials for independent study and in applying

these skills to strengthening their traditional courses.

The field of practice benefited through the formal preparation of persons for administration. Specific competencies were either acquired by students or refined as a result of participation in the program. A majority of the students planned to remain in their present position or, if planning a change, to remain in the long term care field.

Discussion and Recommendations

Information has been gained through this project about a number of important educational features of non-traditional programs. The quality and rigor of the educational program, for example, must be the same for a non-traditional student body as for a traditional student group. On all intellectual measures non-traditional students were seen to be similar to traditional students.

While experience could not be shown in this Evaluation to have influenced students' entering level of knowledge it may have an effect on their ability to master the course work. Thus in the event there is an eventual shift in the student population from experienced to inexperienced persons it is conceivable some changes will be required in the curriculum components, counseling will be essential, and faculty responsibility for successful learning outcomes will increase. A shift in the clientele for the program will inevitably affect the educational program in both content and structure.

The evaluation of this project also showed the centrality of administrative arrangements to a non-traditional program's success. Geographic distance of a student body from a campus makes traditional arrangements for application procedures, registration procedures, transfer of prior earned credits, academic and administrative counseling, and orientation often inadequate and inappropriate. Such measures if inadequately conceived and inappropriately

implemented can and do have a deleterious effect on the chances of survival of a non-traditional program. For example, experience with this program indicates that program orientation must be separated from course orientation. Admissions and registration must be handled as two separate functions. Counseling must be the responsibility of a person familiar with the academic program. Services such as these cannot be poorly administered if the program is to be viable.

Institutional policies for traditional programs, such as a limit on the number of transfer credits, residency requirements, statute of limitations for completing courses, and student active-inactive status need re-definition for non-traditional programs. Mature adults view these matters as impeding rather than facilitating their earning a degree.

Non-traditional students stressed the lack of tuition stipends available to them. Many of them were making financial sacrifices to attend the courses, some not being compensated even for time to attend workshops. While the topic of financing educational opportunities for adults has received some attention in the literature, no method to overcome the financing inequities between young and mature students or full-time and part-time students has yet been implemented.

Faculty retention poses future problems. Questions dealing with intrinsic and extrinsic rewards were apparent in faculty discussion of their future participation. What is the better way of compensating faculty - monetarily or with professional recognition? The encouragement given to faculty to participate in a non-traditional program is an indication of the institution's regard for such programs. These programs either are accepted as part of the school's mission in which event they are a normal and valued part of the faculty workload or they are not integrated into the workload in which case faculty become

entrepreneurs and the programs remain outside the mainstream.

The foregoing are illustrative of the issues that contribute to the success or failure of a non-traditional program.

As one reflects upon the meaning and utility of the evaluation findings a relevant question is "how will the similarities and differences affect educational planning?"

In terms of program content the data do not indicate that the entrance behavior of non-traditional students requires adjustments to be made in the level of the content. In terms of teaching approaches the data imply that experienced students have a powerfull reinforcement tool in their prior experience that inexperienced students do not have. In terms of program format the data suggest that at least two types of programs are needed: one which will meet the needs of young adults seeking to enter a profession and one for relatively mature adults who lack appropriate degrees and have family and work responsibilities which prevent them from entering into on-campus study either on a full-time or part-time basis. This is not to say that all students must fit exclusively into one category or the other. Rather, having both program options available provides greater flexibility and assessibility for those who desire to continue their education beyond high school and increases the likelihood that they may be expected to do so.

APPENDIX A

TABLES

TABLE 1

DEMOGRAPHIC DATA FOR NON-TRADITIONAL
AND
TRADITIONAL STUDENTS

	Non-Traditional N=45	Traditional N=16
Sex		
Male	10	7
Female	35	9
Race		
Asian	1	
Black	4	1
White	40	15
Age		
20-25	1	8
26-30	9	3
31-35	4	1
36-40	7	2
41-45	14	1
46-50	1	1
51-55	4	
56-60	4	
61 and over	1	
Marital Status		
Married	31	5
Single	14	11
Dependents		
None	12	11
1	14	2
2	6	1
3	6	1
4	3	1
5	2	
6	1	
7	1	
Household Membership		
Member of Own Household	45	9
Member of Parent's Household		7

TABLE 1 - Continued

	Non-Traditional N=45	Traditional N=16
Income		
Less than $ 3000	2	
$ 3000 - $ 5999	1	1
$ 6000 - $ 8999	1	1
$ 9000 - $11,999	5	1
$12,000 - $14,999	7	3
$15,000 - $19,999	14	4
$20,000 - $25,000	7	3
Over $25,000	7	3
No Response	1	

TABLE 2

EXPERIENCE STATUS OF NON-TRADITIONAL AND TRADITIONAL STUDENTS

	Non-Traditional N=45	Traditional N=16
Employment Status		
Employed full time in a health facility	42	5
Employed part time in a health facility	3	2
Employed part time in a non-health facility		2
Unemployed		7
Type of Present Employers		
Nursing Home	36	3
Mental Hospital	4	1
Acute Care Hospital	2	1
Health Department	1	1
University Health Center		1
Mental Retardation Institution	1	
Non-Health Facility	1	2
Not Applicable - (Unemployed)		7
Ownership of Health Facility		
Proprietary	16	1
Not-for-profit	21	3
Government	7	3
Not Applicable	1	9
Facility Location		
Urban	16	2
Suburban	20	5
Rural	8	
Not Applicable	1	9
Number of Employees		
50 or less	19	3
51-100	11	
101-150	3	
151-200		2
201-400	4	1
Over 400	7	1
Not Applicable	1	9

TABLE 2 - Continued

	Non-Traditional N=45	Traditional N-16
Length of Time in Present Position		
Less than 1 year	3	5
1-5 years	29	1
6-10 years	10	1
11-15 years		
16-20 years		
21-25 years	1	
Not Applicable	2	9
Years Employed in Health Field		
Less than 1 year		1
1-5 years	7	1
6-10 years	13	3
11-15 years	8	1
16-20 years	7	1
21-25 years	4	
26-30 years	2	
31-35 years	1	
Over 35 years	1	
Not Applicable	2	9
Present Position		
Administrator	14	
Assistant Administrator	8	
Associate Administrator	2	
Bookkeeper		1
Business Manager	1	
Co-Administrator	1	1
Director of Nursing Service	6	1
Executive Director	1	1
Nursing Supervisor		1
Aide	2	1
Technician		1
Social Services Director	1	
Staff Nurse	3	
Coordinator	1	
Nursing Instructor	1	
Not Applicable	4	9

TABLE 2 - Continued

	Non-Traditional N=45	Traditional N=16
Past Position		
Activities Director	1	
Administrator	2	1
Assistant Administrator	8	
Bookkeeper	1	
Business Manager	1	
Clerical		3
Assistant DNS	1	
Charge Nurse	7	
Coordinator	1	
Director of Nursing Service	2	2
Staff Nurse	5	1
Aide	3	
Social Service Director	2	
Not Applicable	11	9
Types of Past Health Employers		
Acute Care Hospitals	14	4
Clinics		2
Community Mental Health Centers	2	
Mental Hospitals	3	
Nursing Homes	13	4
Planning Agencies	1	
Veterans Hospitals	1	1
School for Retarded	1	
Licensure Status		
Presently hold NHA license	24	1
Working for NHA license	7	11
Desire to work for NHA license	11	2
Not interested in NHA license	3	2
. . . . .		
Registered Nurse (RN)	18	3
Licensed Practical Nurse (LPN)	6	

TABLE 3

EDUCATIONAL CHARACTERISTICS AND INTERESTS
OF NON-TRADITIONAL AND TRADITIONAL STUDENTS

	Non-Traditional N=45	Traditional N=16
Entering Educational Level		
High school diploma/GED	8	
Post Secondary:		
Diploma:		
R.N. Diploma	6	
Vocational or Business Diploma	2	
College:		
Less than 30 semester units	7	2
More than 30 and less than 60 semester units	4	3
More than 60 semester units	10	11
Degree:		
Bachelor's degree	5	
Post-baccalaureate credits	1	
Master's degree	1	
Post master's credits	1	
Student Status		
Part time	44	1
Full time	1	15
Factors Influencing Interest in a Career in Health Administration		
Experience with personal or family illness	1	
Science courses in school		
Vocational guidance counselor		
Relatives in medical career	2	2
Brochures, books, pamphlets	1	1
Encouragement of teachers/professors		2
Job in health related area	33	9
Personal contact with an administrator	3	1
Other*	5	1

*Friend (1); Religious duties (2); Chance (1); Combination of factors (2).

TABLE 3 - Continued

Rating of Educational Objectives

DEGREE OF IMPORTANCE

	Very		Somewhat		Not at All		No Response	
	N.T.	Trad.	N.T.	Trad.	N.T.	Trad.	N.T.	Trad.
Develop a new career	22	10	10	4	12	1	1	1
Acquire specific skills useful on a job	38	12	3	1	2	2	2	1
Satisfy degree requirements for job	22	9	10	3	11	3	2	1
Meet academic requirements necessary to enter profession	16	12	14	2	13	1	2	1
Improve chances of increasing income	17	7	16	6	10	2	2	1
Attain greater personal enrichment	30	10	11	4	3	1	1	1
Acquire skills to increase quality of care provided to patients	40	12	3	3	1		1	1
Develop understanding and appreciation of science and technology	9	3	24	8	10	4	2	1
Meet academic requirements to enter graduate school	6	5	16	4	21	6	2	1
Increase appreciation of art, music literature and other cultural expressions	2		14	6	27	10	2	
Develop professional identity	16	11	18	1	9	3	2	1
Become involved in social and political concerns	6	6	17	3	20	6	2	
Satisfy personal desire to have a college education	17	6	12	6	14	3	2	1
Achieve promotion in profession	17	3	13	5	13	7	2	1

TABLE 3 - Continued

Most Important Educational Objective

Objective	Non-Traditional	Traditional
Develop a new career		2
Develop a professional identity	1	3
Acquire specific skills useful on a job	6	
Satisfy degree requirements for a job	3	
Meet academic requirements necessary to enter a profession		2
Meet academic requirements for graduate school		1
Improve chances of increasing income	1	
Become involved in social and political concerns	1	
Satisfy personal desire for a college education	1	
Attain greater personal enrichment and development	2	1
Achieve promotion in profession	1	
Acquire skills to improve quality of care provided patients	23	5
No response	6	2
Financing of Education		
Own Earnings		
100%	21	3
75%	1	2
60%	1	
50%	9	
20%	1	3
10%		1
Spouse's Earnings		
100%	2	
80%	1	
75%		1
Savings		
50%	2	
25%		1
GI Benefits		
100%	1	1
50%		1
25%		1

TABLE 3 - Continued

Financing of Education - Continued

	Non-Traditional	Traditional
Employer		
100%	5	1
50%	9	1
40%	1	
25%	1	1
Scholarship or Grant		
100%	1	
80%		1
Parent's Income		
100%		3
90%		1
80%		1
30%		1
Religious Congregation Support		
100%	2	
Loans		
50%		1
Leave Arrangements		
Time off with pay	26	3
Time off without pay	8	2
No time off	9	1
No response	2	1
Not applicable		9

TABLE 4

Comparison of Scores Obtained on Kogan's Old Peoples' Scale[1] Between Non-Traditional Students and Traditional Students

Item	Non-Traditional Students		Traditional Students	
	Mean	Standard Deviation	Mean	Standard Deviation
1. You can count on having a nice residential neighborhood when there is a sizeable number of old people living in it.	4.29	1.24	4.44	1.26
2. Most old people bore others by their insistence on talking about the "good old days".	2.60	1.23	2.81	1.33
3. Most old people are capable of new adjustments when the situation demands it.	3.40	1.03	3.88	1.15
4. It would probably be better if most old people lived in residential units that also housed younger people.	3.78	1.30	4.13	1.41
5. Most old people make one feel ill at ease.	1.64	.68	2.19	.91
6. It is foolish to claim that wisdon comes with old age.	3.11	1.50	3.31	1.45
7. Most old people can generally be counted on to maintain a clean, attractive home.	3.93	1.25	4.00	1.27
8. Most old people would prefer to continue working just as long as they possibly can rather than be dependent on anybody.	2.60	.72	2.81	.98
9. Most old people are constantly complaining about the behavior of the younger generation.	2.69	1.16	2.75	1.18

[1]Survey items obtained from Kogan's Old Peoples' Scale (KOPS).

Table 4 - continued

Item	Non-Traditional Students Mean	Non-Traditional Students Standard Deviation	Traditional Students Mean	Traditional Students Standard Deviation
10. Most old people tend to keep to themselves and give advice only when asked.	4.07	1.10	4.31	.95
11. When you think about it, old people have the same faults as anybody else.	2.87	.63	3.13	1.03
12. Most old people are really no different from anybody else; they're as easy to understand as younger people.	3.73	1.16	3.69	1.30
13. There are a few exceptions, but in general most old people are pretty much alike.	2.33	1.31	2.31	1.08
14. One seldom hears old people complaining about the behavior of the younger generation.	4.91	1.04	4.94	1.18
15. Most old people need no more love and reassurance than anyone else.	5.33	1.51	5.56	1.55
16. Most old people should be more concerned with their personal appearance; they're too untidy.	2.24	.88	1.88	.62
17. Most old people make excessive demands for love and reassurance.	2.42	1.12	2.56	.89
18. Most old people are irritable, grouchy, and unpleasant.	1.58	.66	1.94	.58
19. Most old people get set in their ways and are unable to change.	2.44	1.04	3.13	1.36
20. Most old people would prefer to quit work as soon as pensions or their children can support them.	1.71	.66	1.75	.78

Table 4 - continued

Item	Non-Traditional Students Mean	Non-Traditional Students Standard Deviation	Traditional Students Mean	Traditional Students Standard Deviation
21. It would probably be better if most old people lived in residential units with people of their own age.	2.62	1.13	2.81	1.33
22. Most old people are cheerful, agreeable, and good humored.	3.76	1.11	3.94	1.24
23. In order to maintain a nice residential neighborhood, it would be best if too many old people did not live in it.	1.96	.74	2.06	1.12
24. Most old people seem to be quite clean and neat in their personal appearance.	3.31	.82	3.44	.63
25. If old people expect to be liked their first step is to try to get rid of their irritating faults.	2.44	.92	2.00	.82
26. It is evident that most old people are very different from one another.	4.00	1.49	.63	1.15
27. Most old people tend to let their homes become shabby and unattractive.	2.18	.86	1.94	.68
28. There is something different about most old people; it's hard to figure out what makes them tick.	2.13	.99	2.63	1.09
29. People grow wiser with the coming of old age.	4.29	1.12	5.00	1.37
30. Old people have too much power in business and politics.	2.22	1.02	2.25	.93
31. Most old people are very relaxing to be with.	3.42	.89	3.63	.89

Table 4 - continued

Items	Non-Traditional Students		Traditional Students	
	Mean	Standard Deviation	Mean	Standard Deviation
32. One of the most interesting and entertaining qualities of most old people is their accounts of their past experiences.	3.16	.71	3.63	1.31
33. Most old people spend too much time prying into the affairs of others and giving unsought advice.	2.16	.77	2.31	.95
34. Old people should have more power in business and politics.	4.31	1.28	4.50	1.16
Total Negative Scale	38.49	7.65	40.63	7.46
Total Positive Scale	65.36	7.47	68.63	9.76

TABLE 5

MEDICAL OPINION SURVEY

T - T E S T

GROUP 1 - Non-Traditional Students 45 Cases
GROUP 2 - Traditional Students 16 Cases

VARIABLE	NUMBER OF CASES	MEAN	STANDARD DEVIATION	STANDARD ERROR	POOLED VARIANCE ESTIMATE F VALUE	POOLED VARIANCE ESTIMATE 2-TAIL PROB.	POOLED VARIANCE ESTIMATE T VALUE	POOLED VARIANCE ESTIMATE DEGREES OF FREEDOM	POOLED VARIANCE ESTIMATE 2-TAIL PROB.	SEPARATE VARIANCE ESTIMATE T VALUE	SEPARATE VARIANCE ESTIMATE DEGREES OF FREEDOM	SEPARATE VARIANCE ESTIMATE 2-TAIL PROB.
SOCFAC												
GROUP 1	45	26.24	3.47	0.52	1.53	.37	-0.46	59	.65	-0.51	32.52	0.61
GROUP 2	16	26.69	2.80	0.70								
PARMED												
GROUP 1	45	25.98	2.91	0.43	1.18	.79	1.17	59	.25	1.22	28.24	0.23
GROUP 2	16	25.00	2.71	0.68								
PREVMED												
GROUP 1	45	24.20	3.13	0.47	3.41	.01	-0.81	59	.42	-1.06	48.89	0.29
GROUP 2	16	24.88	1.71	0.43								
DPREL												
GROUP 1	45	26.71	2.87	0.43	1.58	.34	-0.60	59	.55	-0.67	33.02	0.51
GROUP 2	16	27.19	2.29	0.57								
GOVTR												
GROUP 1	45	28.60	3.32	0.50	1.28	.66	-0.23	59	.82	-0.24	29.30	0.81
GROUP 2	16	28.81	2.97	0.75								
GENLIB												
GROUP 1	45	27.93	3.43	0.51	1.50	.30	1.12	59	.26	1.01	22.53	0.32
GROUP 2	16	26.75	4.20	1.05								
SOCDES												
GROUP 1	45	24.53	2.96	0.44	1.74	.16	-2.03	59	.05	-1.78	21.47	0.09
GROUP 2	16	28.44	3.90	0.98								
TOTALS												
GROUP 1	45	184.20	8.10	1.20	1.26	.54	-0.64	59	.53	-0.60	24.03	0.55
GROUP 2	16	185.75	9.07	2.27								

TABLE 6

RATINGS OF FACTORS IN CONSIDERING CAREERS

	Non-Traditional Students					Traditional Students				
	Negative Factors			Positive Factors		Negative Factors			Positive Factors	
	Deciding	Important	Not Applicable	Important	Deciding	Deciding	Important	Not Applicable	Important	Deciding
Opportunity to be of service to other people				29	15			1	9	6
Very high level of financial security	2		10	29	1			1	12	3
Chance to achieve status or prestige	3	3	15	23	1			4	10	2
Opportunity to help solve social problems	1	1	3	35	4			3	12	1
Being my own boss	2	2	15	24	2			2	12	2
Adequate free time to devote to non-job related pursuits	3	2	21	17	1	1	1	5	6	3
Chance to contribute to an area of scholarship or science	3	1	27	13	1			4	11	1
Chance to be original and creative	2	1	7	31	4			1	10	5
Freedom from close direct supervision in my work	2	1	18	21	2			1	11	4

TABLE 7

SELF PERCEPTIONS OF TRAITS

Trait	Non-Traditional N=45					Traditional N=16				
	Highest 10%	Above Average	Average	Below Average	Lowest 10%	Highest 10%	Above Average	Average	Below Average	Lowest 10%
Drive to Achieve	5	27	13			6	10			
Independence	7	25	12	1		6	9	1		
Self-Motivation	3	25	17			5	8	2	1	
Self-Confidence	3	18	21	3		5	4	6	1	
Writing Ability	2	11	25	7		3	2	10	1	
Academic Ability	4	14	27			3	8	5		
Leadership Ability	5	20	19	1		8	5	3		
Persistence	6	18	20	1		5	9	2		
Humanitarianism	7	29	9			5	5	6		
Interpersonal Skills	3	21	21			4	8	4		

TABLE 8

RATING OF LIFE GOALS

	Non-Traditional Students Level of Importance						Traditional Students Level of Importance					
	Not at All	Little	Somewhat	Fairly	Very	Extremely	Not at All	Little	Somewhat	Fairly	Very	Extremely
Being highly successful in my career		2	7	9	17	9				3	7	6
Being of service to other people or society				7	27	11			1	2	10	3
Achieving a very high level of financial security for myself and family	2	6	17		9	6	1	1	2	5	4	3
Rearing a family	9	6	1	6	15	6	1	2	1	6	4	2
Making an original contribution to a field of knowledge	6	9	10	14	8	5			4	2	5	5
Achieving a position of leadership in my community	7	8	8	11	6	3	2	1		2	7	4

TABLE 9

FACULTY ATTITUDES TOWARDS PARTICIPATION
IN A NON-TRADITIONAL PROGRAM

Importance of Factors in Influencing Decision to Participate

Factor	Very Important	Somewhat Important	Not Important
General reputation of the program	1	7	6
Previous experience with this type of program	1		13
Chance to participate in a new venture	7	5	2
Salary or other compensatory arrangements	2	7	5
Curricular focus (e.g., interdisciplinary study, etc.)	5	5	4
Academic quality of students in the program	1	6	7
Nature of the academic program (flexible location, scheduling, mode of instruction, etc.)	6	5	3
Chance to work with adult student	4	5	4
Status or prestige of being affiliated with a university	1	2	8
Opportunity to work with students who are practicing professionals	7	4	3

Satisfaction with Program Aspects

Aspect	Very Satisfied	Satisfied	Not Satisfied	Not Applicable
Workload	1	16		
Involvement in Decisions about curriculum and degree requirements	2	4	4	7
Involvement in other administrative decisions (admissions, planning, etc.)	1	4	4	8
Salary or other compensation	1	11	2	3

TABLE 9 - Continued

Comparison of Selected Features of Traditional and Non-Traditional Courses

Feature	More Than Traditional	Same As	Less Than Traditional
Level of difficulty or rigor	2	5	5
Faculty workload	2	7	2
Student workload	4	3	4
Rigor with which students are evaluated	1	6	4
Opportunity afforded students for subject area concentration	3	3	2
Quantity of paperwork for faculty or staff	9	1	1
Amount of reading expected of students	4	5	2
Amount of writing expected of students	5	2	4
Amount of oral presentation expected of students			12
Amount of library work expected of students	1	2	8

Changes Since Beginning Participation in Course Development

Attitude	More Now	About The Same	Less Now	Not Applicable
Interest in working with older students	2	8		3
Interest in working with students who are studying independently	8	1		4
Skepticism about the credibility of programs such as this one	1	4	5	3
Interest in non-traditional modes of learning	7	5		1
Concern about the amount of faculty and staff time necessary for the successful conduct of the program	7	4		2
Interest in new methods for teaching my discipline	11	1		1
Interest in preparing or helping to prepare materials for new program options or alternatives	8	4		1
Interest in interdisciplinary work	7	4		2
Interest in working with forms of instructional media I haven't used before	9	1		1
Skepticism about the interdisciplinary curriculum	1	3	4	4

TABLE 9 - Continued

Faculty Perception of Non-Traditional Students Compared to Traditional Students

Trait	Non-Traditional Students are Higher	Non-Traditional Students are About the Same	Non-Traditional Students are Lower
Academic ability		6	5
Drive to achieve	8	2	1
Independence	9	1	1
Interpersonal skills	3	7	1
Leadership ability	5	6	
Humanitarianism	3	6	1
Persistence	6	3	2
Self-confidence	5	5	1
Self-motivation	9	3	2
Writing ability	1	4	6

Factors Perceived to be Problems in the Non-Traditional Program

Factors	Not a Problem	Somewhat of a Problem	A Serious Problem	Undecided
Provisions and arrangements for advising and counseling students	2	10	6	
Access of faculty and students to one another outside of classroom	3	7	7	
Access of UICA students to one another outside of classroom	1	9	7	
Conflicting demands on faculty time	4	10	2	1
General coordination and administration of the program	8	4	2	2
Availability of support services (duplicating, secretarial help, etc.)	9	7	1	
Quality of courses taught in the program compared with regular courses	11	3	1	1
Ease with which faculty or counselors can get to instructional locations	6	8	2	1
Availability of facilities for instruction (classrooms, seminar rooms, etc.)	11	4	1	1

TABLE 9 - Continued

Factors Perceived to be Problems in the Non-Traditional Program - Continued

Factors	Not a Problem	Somewhat of a Problem	A Serious Problem	Undecided
Assessment of student's prior experiences	7	4	4	1
Adequacy of library and other learning facilities at area locations	3	6	5	3
Selection of qualified instructors/counselors	3	10	2	1
Academic control over the program	7	4	4	2

TABLE 19

RATING OF IMPORTANCE OF FACTORS IN SECURING FUTURE EMPLOYMENT

	Degree of Importance					
	None	Little	Some	Fairly	Very	Extremely
Personal contacts/references			2	2	10	2
Past experience			2	3	5	6
Specific competency			1	5	8	2
Personal/social compatability			2	4	7	3
Spouse's employment	9	1	1	2	1	2
Job market	1		2	4	5	4
Salary and fringe benefits	1		3	3	6	3
Geographic location	4		2	3	5	2
Position functions			1	1	8	6
Reputation of institution	1		1	2	5	7
Physical facilities	1	5	5	1	3	1

TABLE 11

BACKGROUND OF FEMALE AND MINORITY STUDENTS IN PROGRAM
ON SELECTED VARIABLES TAKEN FROM STUDENT PROFILE SURVEY

	FREQUENCY
Age	
20-24	
26-30	6
31-35	3
36-40	6
41-45	11
46-50	1
51-55	3
56-60	4
61-Over	1
Race	
Asian or Pacific Islander	1
Black	4
White	30
Marital Status	
Married	21
Single	14
Household Membership	
Member of own household	35
Member of parent's household	

Income

Less than $3,000	2	$15,000 - 19,000	12
$3,000 - 5,999	1	20,000 - 25,000	3
6,000 - 8,999	1	Over 25,000	5
9,000 -11,999	4	No response	1
12,000 -14,999	6		

Number of Dependents	
None	1
1	11
2	4
3	5
4	2
5	1
6	1

Table 11 - Continued

	FREQUENCY
Present State of Employment	
Employed full-time in a health facility	32
Employed part-time in a health facility	2
Owner of a health facility	1
Educational Level	
High school diploma or its equivalent	8
High school plus nursing school diploma	6
High school plus vocational, trade or business diploma	2
Some college work but less than 30 semester units or the equivalent	4
Some college work over 30 credits but less than 60 semester units or the equivalent	2
More than 60 semester units of college work or the equivalent	9
Bachelor's degree	3
Bachelor's degree plus post-baccalaureate credit	1
Financing of Education	
Earnings from own work	
100%	15
75%	1
60%	1
50%	8
20%	1
Spouse's earning	
100%	2
80%	1
Savings	
50%	1
GI Benefits or Governmental Support	
100%	1
Current employer support	
100%	1
50%	9
40%	1
25%	1
Scholarship or grant	
100%	1
Religious congregation support	
100%	2

Table 11 - Continued

	EXTERNAL
Most Important Reason for Maintaining Present Position by Student Type	
Personal contacts or references	
Quality and reputation of institution	2
Past job experience	1
A specific competency (e.g., financial management, planning, etc.)	1
Personal or social compatibility with employer and/or staff	3
Where spouse finds employment	2
Job market	1
Salary and fringe benefits	1
Geographic location	
Functions of position	3
Reputation of the employing institution or agency	1
Opportunity to work with specific colleagues	1
Physical facilities of job setting	
Other*	2
Most Important Factor in Securing Employment After Graduation From the Program by Student Type	
Quality and reputation of institution	1
A specific competency (e.g., financial management, planning, etc.)	2
Personal or social compatibility with employer and/or staff	2
Where spouse finds employment	2
Salary and fringe benefits	1
Geographic location	1
Functions of position	2
Other	
No response	3

*Specific responses were religious work (1) and personal challenge (1).

Table 11 - continued

Self-Perception and Attitudes	EXTERNAL				
	Highest 10%	Above Average	Average	Below Average	Lowest 10%
Academic ability	3	11	21		
Drive to Achieve	3	23	9		
Independence		5	18	11	1
Interpersonal Skills		17	18		
Leadership Ability	2	17	15	1	
Persistence	3	14	18		
Self-Confidence		15	18	2	
Self-Motivation	2	21	12		
Writing Ability	1	9	19	6	
Humanitarianism	6	21	8		

Table 11 - continued

Importance in Considering Careers

	EXTERNAL				
	Negative Factors			Positive Factors	
	Deciding	Important	Not Applicable	Important	Deciding
Freedom from close direct supervision in my own work	2	1	15	14	2
Opportunity to be of service to other people				21	12
Very high level of financial security	2		8	21	1
Chance to contribute to an area of scholarship or science	3	1	22	9	
Chance to achieve status or prestige	3	2	13	16	1
Adequate free time to devote to non-job related pursuits	2	1	17	13	1
Opportunity to help solve social problems	1	1	3	27	2
Chance to be original and creative	2		7	26	
Being own boss	2	1	12	19	

148

Table 11 - continued

Importance of Life Goals

EXTERNAL

Level of Importance

	Not at All	Little	Somewhat	Fairly	Very	Extrement
Achieving a very high level of financial security for myself and family	2	3	4	14	6	5
Being highly successful in my career		2	7	7	13	5
Rearing a family	9	5	1	2	9	3
Being of service to other people or to society				7	19	9
Making an original contribution to a field of knowledge	5	6	9	6	5	3
Achieving a position of leadership in my community	5	4	6	6	4	2

APPENDIX B
FORMS

FORM 1

A Study of Similarities and Differences in Entering Characteristics of Students in Traditional On-Campus and External Degree Baccalaureate Programs in Health Services Administration

Until recently, Health Services Administration students had only traditional programs through which they could obtain their education. Now, with the additional availability of external degree programs, students often have a choice. Given this choice, it becomes necessary for educational institutions to begin examining what type of students are attracted to a particular type of program to facilitate program development more closely geared to the needs of its students. This questionnaire was designed to collect information that will assist educational institutions in this pursuit.

Your cooperation in answering the questionnaire will be greatly appreciated. We can assure you that all information that would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purpose of the survey, and will not be disclosed or released to others for any purposes.

PART I: EDUCATION DATA

1. In the left hand column, check the category that best describes your present eductional status. To the right of the checked option, provide additional details requested in the space provided.

Categories	Please Provide Details
___Have a high school diploma or its equivalent (G.E.D.)	_____ Year diploma received
___Have a high school diploma plus nursing school diploma	_____ Year nursing diploma received
___Have a high school diploma plus vocational, trade or business school diploma	_____ Year vocational, trade, or business diploma received
___Have completed some college or the equivalent (40 quarter hours) work, but less than 30 semester units	_____ Year completed most recent course.
___Have completed some college work, but less than 60 semester units or the equivalent (90 quarter hours)	_____ Year completed most recent course.
___Have completed more than 60 semester units or the equivalent (90 quarter units) of college work	_____ Year completed most recent course
___Have a bachelor's degree	_____ Major _____ Year degree earned
___Have a bachelor's degree plus post-baccalaureate credits	_____ Major _____ Year degree earned _____ Number of post-baccalaureate credits.
___Have a master's degree	_____ Major _____ Year degree earned
___Have a master's degree plus post-master's credits	_____ Major _____ Year degree received _____ Number of post-master's credits
___Have more than one master's degree	_____ Major(s) _____ Major(s) _____ Years degrees received
___Have an M.D.	_____ Area of primary specialty _____ Year degree received

2. If you have previous college credits, indicate how many credits are in each of the areas below.

NUMBER

___General Education (Social Sciences, Natural Sciences, or Humanities)

___Health Administration

FORM 1 - Continued

5. Which of the following typologies identifies this academic program?
   ___Traditional baccalaureate degree program
   ___External baccalaureate degree program

6. At present what is your student status in this program?
   ___Full-time student
   ___Part-time student

7. Are you a cross-registrant in this program from another program?
   ___Yes
   ___No (Go to Question 8.)

8. What is your student status in the other program which you are also presently enrolled?
   ___Full-time student
   ___Part-time student

9. What type of institution are you cross-registering from?
   ___Community or Junior College
   ___State College
   ___State-Related University
   ___Private College
   ___Private University

10. Have you enrolled in a major field of study?
    ___Yes, I am presently enrolled in a major. (Continue on to Question 9.)
    ___No, but I have chosen a major I plan to enroll in. (Continue on to Question 9.)
    ___No, I have not yet chosen a major I plan to enroll in. (Go to Question 10.)

11. Please indicate what major you are presently enrolled in or plan to enroll in.
    ___Business Administration
    ___Health Science
    ___Health Services or Health Administration
    ___Hospital Administration
    ___Long Term Care Administration
    ___Nursing
    ___Public Administration
    ___Public Health
    ___Social Work
    ___Other _____
    (Please specify.)

12. How are you financing the tuition and fees of the program? (Assign a percentage ranking to each category, total = 100%.)
    ___Earnings from own work
    ___Earnings of spouse
    ___Savings
    ___GI benefits or other government agency support
    ___Current employer support
    ___Military retirement
    ___Scholarships or grants
    ___State or federal loan programs
    ___Bank loans
    ___Other _____
    Total 100% (Please specify.)

13. (a) At approximately what age did you first think seriously about becoming a health care or hospital administrator?
    (Age in years) _____

    (b) Which of the following do you think first prompted you to consider a health care or hospital administration career? _____

	Response Code
Experience with illness (personal or in family)	1
Science courses in school	2
Relatives in medical careers	3
Vocational guidance counselors	4
Brochures, books, articles, pamphlets	5
Encouragement of teachers or professors	6
A job in a health related area	7
Personal contact with an administrator	8
Other (Specify _____)	9

PART I - Continued

12. How important was each of the following educational objectives in influencing your decision to enroll in this program? (Place a check in the appropriate column for each.)

Very Important 1	Somewhat Important 2	Not at all Important 3	
—	—	—	(1) To develop a new career
—	—	—	(2) To develop a professional identity
—	—	—	(3) To acquire specific skills that will be useful on a job
—	—	—	(4) To increase my appreciation of art, music, literature, and other cultural expressions
—	—	—	(5) To develop an understanding and appreciation of science and technology
—	—	—	(6) To satisfy degree requirements for a job
—	—	—	(7) To meet academic requirements necessary to enter a profession
—	—	—	(8) To meet academic requirements necessary to enter graduate school
—	—	—	(9) To improve my chances of increasing my income
—	—	—	(10) To become involved in social and political concerns
—	—	—	(11) To satisfy my personal desire to have a college education
—	—	—	(12) To attain greater personal enrichment and development
—	—	—	(13) To achieve a promotion in my profession
—	—	—	(14) To acquire skills to enable me to increase the quality of care provided to patients in the health care system

13. Of the reasons checked above, circle the matching number of the one that was most important to you.
1 2 3 4 5 6 7 8 9 10 11 12 13 14

PART II: EMPLOYMENT DATA

14. Which of the following best describes your present state of employment?

_____Employed full-time in a health facility)
) - Go to Question 19.
_____Employed part-time in a health facility)
_____Owner of a health facility) - Go to Question 19.
_____Employed full-time but not in a health facility)
) Go to Question 15.
_____Employed part-time but not in a health facility)
_____Unemployed) - Go to Question 18.

15. Which of the following best describes your present occupation?

_____Management or Administrator in Non-Health Field
_____Sales Worker
_____Clerical Worker
_____Craftsman
_____Production Operative
_____Laborer
_____Service Worker (i.e., cleaning service, food service, personal service, or watchman)
_____Other_____
(Please specify.)

16 How many years have you been in this occupation? _____Years

17. Is your employer going to give you time off to attend classes, seminars or other program activities?

_____Yes, with pay
_____Yes, without pay
_____No

18. Although not presently employed in a health facility, have you in the past been employed in a health facility?

_____Yes) - Go to Question 27.
_____No) - Go to Question 29.

19 (a) In what type of health facility are you presently an employee or owner?

_____ Acute Care Hospital
_____ Clinic
_____ Community Mental Health Center
_____ Health Department _____
(Please specify department(s).)
_____ Health Maintenance Organization
_____ Home Health Agency
_____ Mental Hospital
_____ Nursing Home
_____ Planning Agency
_____ Veteran's Hospital
_____ Other _____
(Please specify.)

(b) If your response to 19 (a) is a hospital, approximately how many beds does it have? _____ beds

(c) If your response to 19 (a) is a nursing home, approximately how many beds does it have in each of the categories listed below?

NUMBER
_____ Skilled nursing care beds
_____ Intermediate care beds
_____ Residential care beds

20. What is your present position within this facility?

_____ Accountant
_____ Activities Director
_____ Administrator
_____ Assistant Administrator
_____ Associate Administrator
_____ Bookkeeper
_____ Business Manager
_____ Co-Administrator
_____ Director of Nurisng Services
_____ Executive Director
_____ Personnel Officer
_____ Social Services Director
_____ Other _____
(Please specify.)

21. How many years have you held your present position?

_____ Less than 1 year
_____ 1 - 5 years
_____ 6 - 10 years
_____ 11 - 15 years
_____ 16 -20 years
_____ 21 - 25 years
_____ Over 25 years

22. Which of the following categories best describes your facility?

___ Proprietary
___ Not-for-Profit
___ Government

23. In what type of area is your facility located?

___ Urban
___ Suburban
___ Rural

24. Approximately how many employees does your present facility have?

_____ Employees

25. Is your employer going to give you time off to attend classes, seminars, or other program activities?

_____ Yes, with pay
_____ Yes, without pay
_____ No

26. How many total years have you been employed in a health facility?

_____ Years

27. Prior to your present employment or unemployment, which if any of thehealth facility types were you employed in for at least one year? (Check all that apply.)

_____ Acute Care Hospital
_____ Clinic
_____ Community Mental Health Center
_____ Health Department _____
(Please specify department(s).)
_____ Health Maintenance Organization
_____ Home Health Agency
_____ Mental Hospital
_____ Nursing Home
_____ Planning Agency
_____ Veteran's Hospital
_____ Other _____
(Please specify.)

28. Prior to your present employment or unemployment, which if any of the positions listed below have you held in a health facility for at least one year? (Check all that apply.)

_____ Accountant
_____ Activities Director
_____ Administrator
_____ Assistant Administrator
_____ Associate Administrator
_____ Bookkeeper
_____ Business Manager
_____ Co-Administrator
_____ Director of Nursing Services
_____ Executive Director
_____ Personnel Officer
_____ Social Services Director
_____ Other _____ (Please specify.)

29. How important in your case will the following FACTORS be in securing employment initially after graduation from this program? (If you do not plan to make a change in your present employment position, check here _____ and skip to Question 29C.)

29A.

(Circle the appropriate rating for each factor.)

	(1) No importance	(2) Little importance	(3) Somewhat important	(4) Fairly important	(5) Very important	(6) Extremely important
(1) Personal contacts or references	1	2	3	4	5	6
(2) Quality and reputation of institution's educational program	1	2	3	4	5	6
(3) Past job experience	1	2	3	4	5	6
(4) A specific competency (e.g., financial management, planning, etc.	1	2	3	4	5	6
(5) Personal or social compatibi..., with employer and/or staff	1	2	3	4	5	6
(6) Where spouse finds employment	1	2	3	4	5	6
(7) Job market	1	2	3	4	5	6
(8) Salary and fringe benefits	1	2	3	4	5	6
(9) Geographic location	1	2	3	4	5	6
(10) Functions of position	1	2	3	4	5	6
(11) Reputations of the employing institution or agency	1	2	3	4	5	6
(12) Opportunity to work with specific colleagues	1	2	3	4	5	6
(13) Physical facilities of job setting	1	2	3	4	5	6
(14) Status accorded to the position (e.g., academic rank or title)	1	2	3	4	5	6
(15) Other (Please specify.) _____	1	2	3	4	5	6

29B. Which factor is: (Write in the number from above.)
_____Most important)
_____Second most important) Go to Question 30.
_____Third most important)

29C. Of the factors listed in 29A, what factors are influencing your decision to maintain your present employment position in terms of: (Write in the number from above.)
_____Most important
_____Second most important
_____Third most important

30. What type of agency do you most desire to be employed within one year after graduation from this program?
_____ Acute Care Hospital
_____ Clinic
_____ Community Mental Health Center
_____ Health Department _____ (Please specify department.)
_____ Health Maintenance Organization
_____ Home Health Agency
_____ Mental Hospital
_____ Nursing Home
_____ Planning Agency
_____ Veteran's Hospital
_____ Other _____ (Please specify.)

FORM 1 - Continued

31. What type of administrative position do you most desire to hold within one year after graduation from this program?
____ Administrator
____ Assistant Administrator
____ Associate Administrator
____ Co-Administrator
____ Department Supervisor
____ Executive Director
____ Other _____
(Please specify.)

32. Which statement best applies to you?
____ I am presently holding a Nursing Home Administrator's License (NHA).
____ I am now working for the NHA License.
____ I desire to begin working toward the NHA License.
____ I am not interested in NHA License.

33. What other professional licenses do you hold? (Check all that apply.)
____ Registered Nurse License
____ Practical Nurse License
____ Other _____
(Please specify.)

PART III: DEMOGRAPHIC DATA

34. Social Security Number _____
35. Number of Dependents _____
36. Sex Male ____ Female ____
37. Are you a United States Citizen? ____Yes ____No ____
38A. In what size of community and geographic region did you live in when you were between the ages of 8 and 18? Do you live know? (Circle one in each column.)

A. Size of Community

	Where you were between the ages 8-18	Where you live now
Large City (population 300,000 or more)		
Inner city	1	1
Suburb	2	2
Other city area	3	3
City of a moderate size (population 50,000 to 300,000)	4	4
Small City (population 10,000 to 50,000)	5	5
Small town (population less than 10,000)	6	6
Rural/unincorporated area	7	7
Undecided	8	8
Other _____ (Please specify.)	9	9

B. Geographic Region

Midwest (MI, MN, WI, IA, IL, IN, ND, SK, NB, KS, MO)	1	1
Northeast (ME, NH, VT, MA, RI, CT, NY, PA, OH, MD, NJ, DE, DC)	2	2
South and Southeast (VA, TN, KY, AR, NC, SC, GA, FL, AL, MS, LA, TX, OK)	3	3
Rocky Mountain (NM, AZ, CO, UT, NV, WY, MT, ID)	4	4
West Coast (CA, OR, WA, AK, HI)	5	5
Foreign country or abroad	6	6

39. What is your age? _____Years

40. Race: ____ American Indian
____ Asian or Pacific Islander
____ Black
____ Hispanic
____ White
____ Other _____
(Please specify.)

41. Marital Status _____Single _____ Married

42. Of which household do you consider yourself a part? _____ Parent's household _____ Own household

43. What is the gross annual income of that household including your own contribution and any scholarships, loans, or other financing available for your support?

___ Less than $3,000	___ $12,000 - $14,999
___ $3,000 - $5,999	___ $15,000 - $19,999
___ $6,000 - $8,999	___ $20,000 - $24,999
___ $9,000 - $11,999	___ Over $25,000

44. How many people are supported by that income? _____People supported

PART IV: SELF-PERCEPTION AND ATTITUDES

45. Rate yourself on each of the following traits when compared with the average person of your own age. (We are interested in the most accurate estimates of how you see yourself.) (Place a check in the appropriate column for each.)

Highest 10% 1	Above Average 2	Average 3	Below Average 4	Lowest 10% 5	
—	—	—	—	—	Academic ability
—	—	—	—	—	Drive to achieve
—	—	—	—	—	Independence
—	—	—	—	—	Interpersonal skills
—	—	—	—	—	Leadership ability
—	—	—	—	—	Persistence
—	—	—	—	—	Self-confidence
—	—	—	—	—	Self-motivation
—	—	—	—	—	Writing ability
—	—	—	—	—	Humanitarianism

46. How important has each of the following been to you in considering possible careers? (Circle the appropriate response for each.)

	Deciding factor in NOT considering	Important factor in NOT considering	Does not apply to me	Important factor IN considering	Very important factor IN considering	Deciding factor IN considering
Freedom from close direct supervision in my work	1	2	3	4	5	6
Opportunity to be of service to other people	1	2	3	4	5	6
Very high level of financial security	1	2	3	4	5	6
Chance to contribute to an area of scholarship or science	1	2	3	4	5	6
Chance to achieve status or prestige	1	2	3	4	5	6
Adequate free time to devote to my non job related pursuits	1	2	3	4	5	6
Opportunity to help solve social problems	1	2	3	4	5	6
Chance to be original and creative	1	2	3	4	5	6
Being my own boss	1	2	3	4	5	6

47. Indicate the degree of importance to you of each listed goal in terms of what you would like to achieve in your life. (Circle the appropriate response for each.)

	Not at all important	Of little importance	Somewhat important	Fairly important	Very important	Extremely important Essential
Achieving a very high level of financial security for myself and my family	0	1	2	3	4	5
Being highly successful in my career	0	1	2	3	4	5
Rearing a family	0	1	2	3	4	5
Being of service to other people or to society	0	1	2	3	4	5
Making an original contribution to a field of knowledge	0	1	2	3	4	5
Achieving a position of leadership in my community	0	1	2	3	4	5

THANK YOU!

NAME: _____

COURSE: LTCA

FORM 2

University of Pittsburgh
Graduate School of Public Health
Long Term Care Education Unit
Room A634 Crabtree Hall
Pittsburgh, PA 15261

SURVEY OF STUDENTS WITH G (INCOMPLETE) GRADES
IN EXTERNAL DEGREE COURSES

INSTRUCTIONS: If you have completed this course, please fill in the following information and return in the enclosed envelope:

Date Completed _____

Letter Grade _____

If you have NOT completed this course, please answer the following questions and return in the enclosed envelope.

1. What caused you to fall behind schedule in completing the requirements for this course?

2. At present, how probable is it that you will complete the requirements within the specified time (i.e., 1 year from date of enrollment)?

_____100-75%
_____ 74-50%
_____ 49-25%
_____ 24-0%

3. If you answered less than 50% chance, why do you think you will not be able to complete the course?

4. What is the major reason you registered for this course? (Check only one.)

_____degree requirements for major
_____certificate requirements
_____continuing education requirements
_____degree requirements for minor
_____elective course
_____career development (e.g., formal knowledge in this subject, testing a new field, etc.)
_____other _____
(Please specify.)

5. What assistance would you have liked to receive from the instructor that would have given you additional motivation to complete the course?

6. Why did you decide to withdraw rather than take a G (incomplete) grade and finish the course at a later date? Check all that apply.

_____My registration was incorrect.
_____The course did not meet my expectations because it was too theoretical.
_____The course was not useful in my present or future work.
_____The Study Guide and books were so late reaching me I got too far behind in the assignments.
_____I decided I was not interested in this field after all.
_____The course required too much study time.
_____other_____
(Please specify.)

7. From the items in question 6, identify the major reason for withdrawing from the course.

NAME:_____ FORM 3

COURSE:_____

University of Pittsburgh
Graduate School of Public Health
Long Term Care Education Unit
Room A634 Crabtree Hall
Pittsburgh, Pa. 15261

SURVEY OF STUDENTS WITH W (WITHDRAWAL) GRADES
IN
LONG TERM CARE ADMINISTRATION MAJOR

Our records show that you withdrew from the above course. We are interested in your reasons for withdrawing. Would you kindly respond to the questions listed below and return this form in the enclosed self-addressed stamped envelope. Your comments will be greatly appreciated.

1. Were you correctly registered into the course?

_____Yes, my registration was correct.
_____No, my registration was incorrect. If you select this option, please answer question 2 only and return the survey as directed.

2. Did you formally drop the class (i.e., file an add-drop form)?

_____Yes
_____No, the instructor gave the "W" grade

3. Do you expect to re-register for this course sometime in the future?

_____Yes
_____No

4. What is the major reason you registered for this course? (Check only one.)

_____Requirement for degree program
_____Requirement for certificate
_____Continuing education purposes
_____Course for minor program
_____Elective course
_____Career development (e.g., formal knowledge in this subject, testing a new field, etc.)
_____Other_____
(Please specify.)

5. Did you return <u>any</u> course assignments to the instructor?

_____Yes
_____No

6. Why did you decide to withdraw rather than take a G (incomplete) grade and finish the course at a later date? Check all that apply.

_____My registration was incorrect.
_____The course did not meet my expectations because it was too theoretical.
_____The course was not useful in my present or future work.
_____The Study Guide and books were so late reaching me I got too far behind in the assignments.
_____I decided I was not interested in this field after all.
_____The course required too much study time.
_____Other_____
(Please specify.)

7. From the items in question 6, identify the major reason for withdrawing for the course.

Form 4

Student Post-Attitude Survey Towards Non-Traditional
Major in Long Term Care Administration

Record your response by placing an X in the appropriate slot to the left of each item.

1. Which of the following do you feel are strengths of this program?

_____ The curriculum is interesting and challenging.
_____ It allows for independent study.
_____ It places minimum requirements on students to attend classes.
_____ The credits can be used for relicensure as well as degree or certificate purposes.
_____ The faculty is competent.
_____ The program requirements are clear to students.
_____ The student is counseled in making educational decisions.
_____ Other _____
(Please describe.)

2. The program falls short in that it:

_____ Does not give students adequate counseling.
_____ Administrative arrangements for applying to the program are in adequate.
_____ Registration procedures are confusing.
_____ The material in the study guides is poorly organized and presented.
_____ The workshops are a waste of time.
_____ The courses require too much study time.
_____ There is too little structure to the program.
_____ Insufficient information is given to students regarding program structure.
_____ Course offerings are limited.
_____ Other _____
(Please describe.)

3. Personal impacts this program has had on me are that:

_____ It is satisfying my desire to have a college education.
_____ I have attained greater personal enrichment and development.
_____ I have achieved a promotion in my profession.
_____ I feel I have become more competent on my job.
_____ I have gained more confidence in myself.
_____ I now realize the program is not for me.
_____ It has placed a financial burden upon me.
_____ Other _____
(Please describe.)

4. How adequate do you feel each of the program features are considering your experiences in the program?

	Adequate	Needs Improvement
Curriculum	_____	_____
Instructional Modality	_____	_____
Application Procedures	_____	_____
Registration Procedures	_____	_____
Faculty	_____	_____
Student Evaluation Procedures	_____	_____
Procedures for Transfering Credits	_____	_____
Counseling Procedures	_____	_____
Communication Procedures	_____	_____
	_____	_____

5. For those items which you feel need improvement, briefly discuss what improvements you feel are needed.

_____

_____

_____

6. My biggest complaint I have about this program is that: _____

_____

7. The most positive statement I can make about this program is that: ____

_____

8. If changes are going to be made in the program, priority should be given to changing the: _____

_____

9. Sex:

_____ Male
_____ Female

10. Race:

_____ Minority
_____ Non-minority

11. Marital Status:

_____ Single
_____ Married
_____ Divorced

12. I am taking the external degree courses in health administration to earn:

_____ a degree
_____ a certificate
_____ clock hours for relicensure
_____ credits only.

THANK YOU FOR YOUR COOPERATION!

FORM 5

UNIVERSITY OF PITTSBURGH
UNIVERSITY EXTERNAL STUDIES PROGRAM
LONG TERM CARE UNIT EVALUATION FORM

TO: All Long Term Care Administraiton Major Students

FROM: Mrs. Nancy Costanzo, Principal Research Assistant

The Long Term Care Unit needs your assistance in evaluating the major in Long Term Care Administration in which you are currently taking courses. The attached form was designed to obtain your feedback.

The information you provide will assist in determing how well courses are meeting students' needs and preferences; identifying necessary revisions for future offerings; and identifying necessary revisions in program policies and procedures.

Individual responses will remain anonymous: your instructor sees only a summary of all forms.

Student evaluations of the course will be published in future course descriptions to provide students with information that will asist them in course selection. A summary of results must also be supplied to our funding agency, the Bureau of Health Manpower, Department of Health, Education, and Welfare.

Your cooperation is of the utmost importance and will be greatly appreciated.

PART I: Course Evaluation _____
(Course Title)

SECTION I: Student Data _____
(Social Security Number)

1. What is your student status?
   (1) _____ Degree
   (2) _____ Certificate

2. What is your sex?
   (1) _____ Male
   (2) _____ Female

3. What is your race?
   (1) _____ Minority
   (2) _____ Non-Minority

4. What is your age?
   (1) _____ Under 21
   (2) _____ 21-30
   (3) _____ 31-40
   (4) _____ 41-50
   (5) _____ Over 50

5. What is your highest educational level achieved thus far?
   (1) _____ High school diploma
   (2) _____ Business or trade school diploma
   (3) _____ Nursing school diploma
   (4) _____ First year college (1-30 credits)
   (5) _____ Second year college (31-60 credits)
   (6) _____ Third or 4th year college (61-90 credits
   (7) _____ Post-graduate credits

6. Was your educational background in a field related to this course?
   (1) _____ Yes
   (2) _____ In part
   (3) _____ No

7. Approximately how many hours *per week* have you spent studying for this course?
   (1) _____ 1-2 hours
   (2) _____ 3-4 hours
   (3) _____ 5-6 hours
   (4) _____ 7-8 hours
   (5) _____ 9-10 hours
   (6) _____ Over 10 hours

8. How many externalized and non-externalized courses have you registered for this term?
   Number
   _____ Externalized
   _____ Non-externalized

9. How many of these externalized and non-externalized courses are you taking under the sponsorship of the University of Pittsburgh?
   Number
   _____ Externalized
   _____ Non-externalized

10. *If you are presently also taking courses from an institution other than the University of Pittsburgh, check below the type of institution offering the courses.*
   (1) _____ Community or Junior College
   (2) _____ State College
   (3) _____ State-Related University - Main Campus
   (4) _____ State-Related Extension Campus
   (5) _____ Private College
   (6) _____ Private University
   (7) _____ Other _____

   (Please specify.)

11. How well prepared were you for this course?
   (1) _____ I was already familiar with most of the material.
   (2) _____ This course assumed knowledge and skills which I did not previously possess.
   (3) _____ This course was appropriate for my background.

12. In terms of the content would you recommend this course to a friend whose interest are similar to yours?
   (1) _____ Definitely
   (2) _____ Probably
   (3) _____ Possibly
   (4) _____ Probably not
   (5) _____ Definitely not

13. *Check the one reason that best expresses your reason for taking this course.*
   (1) _____ It was required for a degree.
   (2) _____ It was an elective for a degree.
   (3) _____ It was required for the certificate program.
   (4) _____ Other _____

   (Please specify.)

14. How well did this course satisfy your reason for taking it?
(1) _____ Very well
(2) _____ Fairly well
(3) _____ Undecided
(4) _____ Not too well
(5) _____ Not at all

SECTION II: Course Content

15. How clear were the course objectives to you?
(1) _____ Very clear
(2) _____ Fairly clear
(3) _____ Unclear

16. How closely are the course materials related to the course objectives?
(1) _____ Very closely related
(2) _____ Fairly related
(3) _____ Unrelated

17. Do you feel the content of the course is sufficiently up-to-date?
(1) _____ Yes
(2) _____ No opinion
(3) _____ No, it should be revised and up-dated.

18. How do you feel about the level of the course content?
(1) _____ It deals superficiously with many topics that should be covered in more depth.
(2) _____ It deals with too many advanced topics.
(3) _____ It appropriately covers all topics in enough detail.

19. Do you feel the course materials are too theoretical?
(1) _____ No, they are about right.
(2) _____ No, I feel they should include more theory.
(3) _____ Yes, I would like more practical examples.

20. How do you feel about the reading level of the course materials?
(1) _____ Too low
(2) _____ Too high
(3) _____ About right

21. How do you feel about the amount of reading for this course?
(1) _____ It is adequate.
(2) _____ It should be increased.
(3) _____ It should be decreased.

22. Did the course description in the program catalog accurately describe the objectives of this course?
(1) _____ Yes
(2) _____ No

23. Were the instructional materials (Study Guide and Readings) sufficient for meeting course objectives?
(1) _____ Yes
(2) _____ No

24. How helpful is the Study Guide in organizing the readings?
(1) _____ Very helpful
(2) _____ Somewhat helpful
(3) _____ Not very helpful
(4) _____ Not applicable; there were no separate readings

25. *Were you satisfied with the printing quality of the Study Guide for this course?*

(1) _____ Very satisfied
(2) _____ Fairly satisfied
(3) _____ Undecided
(4) _____ Fairly dissatisfied
(5) _____ Very dissatisfied

26. Is there an appropriate amount of visual aids (graphs, charts, pictures, tables, etc.) in the course Study Guide and readings?

(1) _____ Yes
(2) _____ No

27. *Check those of the following which were not included in this course, but which would in your opinion, be a useful addition:*

(1) _____ Structured group work with other students
(2) _____ Specific course goals
(3) _____ Sample, self-scored test items
(4) _____ Instructor-written summary of materials
(5) _____ Case study examples
(6) _____ Tutorials
(7) _____ Individual projects
(8) _____ Annotated bibliographies
(9) _____ Practice exercises or worksheets
(10) _____ Additional reference readings
(11) _____ Audio-taped lessons
(12) _____ Textbook(s)
(13) _____ Field trips
(14) _____ Assignment of papers or reports
(15) _____ Lectures
(16) _____ Other _____

(Please specify.)

28. *Please use the space below if you wish to make additional comments about the course materials.*

29. *Please describe what, if any, changes you have made or intend to make in your job performance as a result of taking this course.*

SECTION III: Evaluation Mechanisms for Assessment of Student Competencies (i.e., exams, projects)

30. Have you taken any tests for this course?

(1) _____ Yes
(2) _____ No *If you answered "No", go on to question # 35.*

31. How clearly worded were the test instructions?

(1) _____ Clearly
(2) _____ Not very clearly
(3) _____ No opinion

32. How well did the test items cover the Study Guide and readings?
(1) _____ Adequately
(2) _____ Inadequately; there were not enough questions to let me show what I had learned
(3) _____ Inadequately; the items require too much trivial information
(4) _____ Unevenly; important portions of the readings were not tested

33. How clearly worded were the test items?
(1) _____ Clearly
(2) _____ Not very clearly
(3) _____ No opinion

34. How well were the test items related to the objectives of the course?
(1) _____ Clearly related
(2) _____ Fairly well related
(3) _____ Unrelated

35. Have you submitted any product (paper, project, etc.) which contributes to your final grade in this course?
(1) _____ Yes
(2) _____ No yet, but I'm preparing one now
(3) _____ No *If you answered "No", go on to Question 40.*

36. How well is the required paper or project related to the goals of this course?
(1) _____ Clearly related
(2) _____ Fairly well related
(3) _____ Unrelated

37. How clearly are the requirements for this paper or project stated?
(1) _____ Clearly
(2) _____ Not very clearly
(3) _____ No opinion

38. If you have taken a test or submitted another product, did you receive a reply (grade, comment, etc.) from the instructor?
(1) _____ Yes and the reply was prompt.
(2) _____ Yes but the reply was *not* prompt.
(3) _____ I haven't received a reply, but I submitted the test or product recently.
(4) _____ I have *not* received a reply, and it has been several weeks since I submitted the test or product.

39. If you have received a reply, was it sufficiently detailed to help you identify your strength and weaknesses?
(1) _____ Yes
(2) _____ The reply was *not* very helpful.

SECTION IV: Workshops

40. Which workshops have you attended for this course? *(Check all the appropriate responses.)*
(1) _____ None
(2) _____ The first
(3) _____ The second
(4) _____ The third
If you answered "NONE", go on to Question 50.

41. Did you learn anything in the workshops which was directly related to the content of this course?
(1) _____ Yes, a lot
(2) _____ Yes, a little
(3) _____ Nothing that was not covered adequately in the course materials

42. Did you learn anything in the workshops which helped you use self-instructional materials more productively?
(1) _____ Yes, a lot
(2) _____ Yes, a little
(3) _____ No

43. Did you learn anything personally interesting in the workshops?
   (1) _____ Yes, a lot
   (2) _____ Yes, a little
   (3) _____ No, the workshop was dull

44. In what other respects were the workshops valuable?
   (1) _____ I enjoyed meeting other students taking the course.
   (2) _____ I enjoyed meeting the instructors.
   (3) _____ I enjoyed visiting the campus.
   (4) _____ There was no value in the workshops, they were a waste of time.

45. Did you have enough time to ask questions?
   (1) _____ Yes
   (2) _____ No
   (3) _____ I didn't have any questions.

46. Do you feel the instructor should use more visual aids (movies, slides, charts, etc.) at the workshops?
   (1) _____ Yes, he definitely should.
   (2) _____ They aren't necessary but would be helpful.
   (3) _____ No, they are not necessary.

47. How do you feel about the number of workshops?
   (1) _____ It should be increased.
   (2) _____ It should be decreased.
   (3) _____ It should remain unchanged.

48. Approximately how many miles did you have to travel one way from your home to attend the workshops? _____ miles.

49. *Please use the space below if you wish to comment about the workshops.*

50. *Please add any additional comments you may wish to make about this course or your instructor in general.*

FORM 6

FACULTY EVALUATION OF THE BACCALAUREATE
EXTERNAL DEGREE PROGRAM WITH A MAJOR IN LONG TERM CARE ADMINISTRATION

INSTRUCTIONS: Indicate your answers by circling the number next to the statement that best answers the question. In all cases circle only ONE number unless the question itself contains other instructions.

A. PROGRAM FEATURES

1. On each of the following instructional features, how does your external degree course compare with regular college or university courses?

If you feel you have not had enough experience with the instructional material to respond to this question, please check here ____ and skip to 2.

	More Than Regular	Same	Less Than Regular
Level of difficulty or rigor	1	2	3
Faculty workload	1	2	3
Student workload	1	2	3
Rigor with which students are evaluated. . .	1	2	3
Opportunity afforded students for subject area concentration	1	2	3
Quantity of paperwork for faculty or staff .	1	2	3
Amount of reading expected of students . . .	1	2	3
Amount of writing expected of students . . .	1	2	3
Amount of oral presentation expected of students	1	2	3
Amount of library work expected of students.	1	2	3

2. Please indicate how much you agree or disagree with each of the following statements about the long term care administration non-traditional program (LTCA). Place one check in the appropriate column for <u>each</u> statement.

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	Cannot Answer 5
Most of my colleagues would like to participate in the LTCA . . .	____	____	____	____	____
Participation in the LTCA should be considered an in-load activity.	____	____	____	____	____

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	Cannot Answer 5
The workload in this program makes it difficult for me to find time for research or other professional activities. .	_____	____	____	_____	____
Courses in the LTCA try to cover too much in the time available.	_____	____	____	_____	____
Self-instructional materials (cassettes, etc.) could be easily adapted for use in the LTCA	_____	____	____	_____	____
The LTCA could reach out beyond Pennsylvania students with a minimum of difficulty . .	_____	____	____	_____	____

3. In general, how satisfield are you with the following aspects of your involvement in the program? Place one check in the appropriate column for <u>each</u> aspect.

	Very satisfied 1	Satisfied 2	Not satisfied 3	Not applicable 4
Workload.	____	____	____	_____
Involvement in decisions about curriculum and degree requirements	____	____	____	_____
Involvement in other administrative decisions (admissions, planning, etc.). .	____	____	____	_____
Salary or other compensation.	____	____	____	_____

4. For <u>each</u> of the following interests and attitudes, what changes do you recognize in yourself as a result of your participation in the course development?

	Changes since beginning my participation in course development: More now	About the same	Less now	Not applicable
Interest in working with older students. . .	1	2	3	4
Interest in working with students who are studying independently	1	2	3	4
Skepticism about the credibility of programs such as this one	1	2	3	4

	More now	About the same	Less now	Not applicable
Interest in non-traditional modes of learning.	1	2	3	4
Concern about the amount of faculty and staff time necessary for the successful conduct of the program.	1	2	3	4
Interest in new methods for teaching my discipline.	1	2	3	4
Interest in preparing or helping to prepare materials for new program options or alternatives	1	2	3	4
Interest in interdisciplinary work.	1	2	3	4
Interest in working with forms of instructional media I haven't used before.	1	2	3	4
Skepticism about the interdisciplinary curriculum.	1	2	3	4

5. As a consequence of your developing an externalized course have you changed your usual style or method of instruction in other college or university courses which you teach?

Yes 1
No (SKIP TO 6). 2
Not applicable (SKIP TO 6). . . . 3

a. If yes, how?_____

_____

6. Do you think the non-traditional program will attract many students away from traditional degree programs?

Yes 1
No 2
Don't know. 3

7. Following are possible problems that could be encountered in non-traditional programs located off-campus. To the best of your knowledge, please indicate how serious a problem <u>each</u> of these might be in the Long Term Care Administration Program.

	Not a problem	Somewhat of a problem	A serious problem	Undecided
Provisions and arrangements for advising and counseling students	1	2	3	4

FORM 6 - Continued

	Not a problem	Somewhat of a problem	A serious problem	Undecided
Access of faculty and students to one another outside of classroom	1	2	3	4
Access of LTCA students in one another outside of classroom . . .	1	2	3	4
Conflicting demands on faculty time	1	2	3	4
General coordination and administration of the program	1	2	3	4
Availability of support services (duplicating, secretarial help, etc.).	1	2	3	4
Quality of courses taught in the program compared with regular courses.	1	2	3	4
Ease with which faculty or counselors can get to instructional locations.	1	2	3	4
Availability of facilities for instruction (classrooms, seminar rooms, etc.)	1	2	3	4
Assessment of student's prior experiences.	1	2	3	4
Adequacy of library and other learning facilities at area locations.	1	2	3	4
Selection of qualified instructors/ counselors	1	2	3	4
Academic control over the program.	1	2	3	4

Other, please specify: _____ _____

8. From your own experience with non-traditional students, how do they compare with other college or university students on each of the following characteristics? (If you have not taught your course, answer in terms of how you now perceive the students.)

	LTCA students are higher	LTCA students are about the same	LTCA students are lower
Academic ability	1	2	3
Drive to achieve	1	2	3
Independence	1	2	3
Interpersonal skills	1	2	3
Leadership ability	1	2	3
Humanitarianism	1	2	3
Persistence	1	2	3
Self-confidence	1	2	3
Self-motivation	1	2	3
Writing ability	1	2	3

9. Exclusive of your participation in this program, how many years of teaching experience have you had in the following types of institutions? Place one check in the appropriate column for each type of institution.

	None	1 year	2-4 years	5-10 years	11-20 years	Over 20 years
Four year college or university	____	____	____	____	____	____
Community	____	____	____	____	____	____
Elementary or secondary school	____	____	____	____	____	____
Business, industry, or community agency	____	____	____	____	____	____
Other, please specify:						
_____	____	____	____	____	____	____

10. Exclusive of your participation in this program, have you ever participated as a faculty or staff member in the following educational activities or programs?

	Yes	No
Extension or continuing education program at the college level	1	2
Evening or adult education programs at the secondary level	1	2
Innovative or experimental programs for undergraduates.	1	2
Development of special learning materials (programed texts, curriculum packages, media, etc.)	1	2
Noncredit courses, training programs, or workshops.	1	2

11. How important was each of the following factors in your decision to participate in the Long Term Care Administration program?

	Very important	Somewhat important	Not important
General reputation of the program	1	2	3
Previous experience with this type of program	1	2	3
Chance to participate in a new venture.	1	2	3
Salary or other compensatory arrangements	1	2	3
Curricular focus (e.g., interdisciplinary study, etc.).	1	2	3
Academic quality of students in the program	1	2	3
Nature of the academic program (flexible location, scheduling, mode of instruction, etc.).	1	2	3
Chance to work with adult students.	1	2	3
Status or prestige of being affiliated with a university	1	2	3
Opportunity to work with students who are practicing professionals in my field	1	2	3

Other, please specify:_____

12. What is your sex?

Female 1
Male 2

13. What is your age?

18-24 years old. 1
25-29 years old. 2
30-34 years old. 3
35-39 years old. 4
40-49 years old. 5
50-64 years old. 6
65 or older. 7

14. What is your academic rank?

Full professor 1
Associate professor. 2
Assistant professor. 3
Instructor 4
Lecturer 5
Non-academic appointment . . 6
Other, please specify:

_____. 7

15. What is the highest level of education you have attained?

Bachelor's degree 3
Post baccalaureate work, no graduate degree 4
Master's degree 5
Post master's work, no doctorate. 6
Professional degree (MD, JD, LLB) 7
Ph.D., Ed.D. 8

Other, please specify:_____ . 9

16. In what field of study did you do your most advanced work?

_____ _____

17. Has your non-traditional course been taught?

_____ Yes Continue on to 18

_____ Not yet Skip to 32

18. How many students did you have in your non-traditional studies course?

Number of students . . . _____

19. How many non-traditional courses did you teach in the same term you taught your traditional course?

Number of courses . . . _____

20. Do you think any of the following provisions might improve the educational counseling services of the program?

	Yes	No
A better orientation program for students at the beginning of their studies	1	2
A program to train faculty in educational counseling and design of students' programs . . .	1	2
Reduction of the present workload of faculty in the program to allow staff to do more educational counseling.	1	2
More educational counseling done by the non-faculty staff of the program.	1	2

Other, please specify: _____

21. In your opinion, is the Long Term Care non-traditional program meeting the educational needs of students?

Yes 1

No 2

Don't know. 3

22. In the space provided below, we invite any comments on the LTCP: advantages, disadvantages, changes you would like made. We would value your comments on any of the issues raised by questions in this survey instrument.

Thank you for your cooperation.

FORM 7

FACULTY EVALUATION OF COURSES

QUESTIONS OF INTERESTS

1. Do you feel any changes in course goals should be made? If so, please describe.

2. What changes should be made in course prerequisites?

3. Do you feel your course is designed at a level appropriate for those with experience in the health field?

4. In terms of reading exercises what, if any, revisions, deletions or additions would you make?

5. What changes should be made in the sequence of units?

6. Should any changes be made in unit objectives? If so, describe the changes you would recommend.

7. Would you make any changes in the unit introduction?

8. Would you make any changes in the unit Instructor Comments?

9. What changes should be made in study questions?*

10. Do your study questions reinforce unit objectives?*

---

* Answer in detail only for those units needing change. Specify changes by unit.

11. Are study tasks organized in a way to facilitate student learning? What changes do you recommend?*

12. What is the purpose of your workshops?

13. How were your workshops designed in terms of
    (a) content, and
    (b) instructional modality used?
    Do you feel they should be redesigned? If so, please describe.

14. Do you feel changes should be made in terms of number of workshops?

15. Do you feel changes should be made in scheduling of the workshops? If so, please describe.

16. Were you satisfied with attendance and participation at workshops? How many students attended each of the workshops held?

17. Do you feel attendance at workshops should be mandatory?

18. What were the evaluation requirements for the course (e.g., tests, papers or projects)? What changes, if any, would you like to make in them?

19. What grades were assigned? (Please forward a copy of grades submitted.)

20. What was your perception of student performance?

---

* Answer in detail only for those units needing change. Specify changes by unit.

21. What actions would you recommend to reduce the number of G grades? W grades?

22. Were there any administrative problems which hindered students from progressing in their studies?

23. Did you yourself encounter any administrative probelms that hindered offering of the course?

24. What is your assessment of the quality of the printing and binding of the Study Guide?

25. Overall, what are your reactions to teaching in the external mode?

26. What is your reaction to teaching at the baccalaureate level?

27. Are there any other comments you wish to make in regard to your experience of either developing or offering the course?

FORM 8

EVALUATION OF
PROGRAM GOALS AND CURRICULUM

As Advisory Board Members you are best qualified to provide the Project with the external objective evaluation that we need of our program goals and curriculum model. We have designed this form to serve as a working tool to obtain such feedback from you. We ask that you record your individual responses on this form prior to discussing the assessment with other members and return the form to us at the conclusion of the meeting. Your cooperation will be greatly appreciated.

PART I: EVALUATION OF PROGRAM AND CURRICULUM GOALS

Below are listed the program and curriculum goals that were submitted to the Health Resources Administration, Bureau of Health Resources Development, for the External Degree Program. Please assist us in evaluating each goal by responding to the questions that follow. (You may wish to read the section "Program Goals" in the Supporting Documents for Evaluating of the Program Goals and Curriculum prior to doing so.)

A. The program should be accessible.

1. How appropriate do you feel this goal is to this student body and program?

_____ (1) Highly

_____ (2) Moderately

_____ (3) Not at all

2. What degree or priority do you feel the program should place upon this goal?

_____ (1) High

_____ (2) Moderate

_____ (3) Low

3. Is it stated clearly?

_____ (1) Yes

_____ (2) No, it can be improved by _____
(Please provide details.)

_____ _____

_____ (3) No, I cannot perceive the intent.

4. If you selected options 1 or 2 to question 3, what do you feel will be valid evidence of goal attainment?

B. The program should be adaptable to the life styles of the student body.

1. How appropriate do you feel this goal is to this student body and program?

_____ (1) Highly

_____ (2) Moderately

_____ (3) Not at all

2. What degree of priority do you feel the program should place upon this goal?

_____ (1) High

_____ (2) Moderate

_____ (3) Low

3. Is it stated clearly?

_____ (1) Yes

_____ (2) No, it can be improved by _____
(Please provide details.)

_____

_____ (3) No, I cannot perceive the intent.

4. If you selected options 1 or 2 to question 3, what do you feel will be valid evidence of goal attainment?

C. The instructional mode of the program should focus on personalized methods for faculty-student relationships.

1. How appropriate do you feel this goal is to this student body and program?

_____ (1) Highly

_____ (2) Moderately

_____ (3) Not at all

2. What degree of priority do you feel the program should place upon this goal?

_____ (1) High

_____ (2) Moderate

_____ (3) Low

3. Is it stated clearly?

_____ (1) Yes

_____ (2) No, it can be improved by _____
(Please provide details.)

_____

_____ (3) No, I cannot perceive the intent.

4. If you selected options 1 or 2 to question 3, what do you feel will be valid evidence of goal attainment?

D. The major should provide an interdisciplinary program of studies

1. How appropriate do you feel this goal is to this student body and program?

_____ (1) Highly

_____ (2) Moderately

_____ (3) Not at all

2. What degree of priority do you feel the program should place upon this goal?

_____ (1) High

_____ (2) Moderate

_____ (3) Low

3. Is it stated clearly?

_____ (1) Yes

_____ (2) No, it can be improved by _____
(Please provide details.)

_____

_____ (3) No, I cannot perceive the intent.

4. If you selected options 1 or 2 to question 3, what do you feel will be valid evidence of goal attainment?

E. The program should have flexible provisions for meeting degree requirements.

1. How appropriate do you feel this goal is to this student body and program?

_____ (1) Highly

_____ (2) Moderately

_____ (3) Not at all

2. What degree of priority do you feel the program should place upon this goal?

_____ (1) High

_____ (2) Moderate

_____ (3) Low

3. Is it stated clearly?

_____ (1) Yes

_____ (2) No, it can be improved by _____
(Please provide details.)

_____

_____ (3) No, I cannot perceive the intent.

4. If you selected options 1 or 2 to question 3, what do you feel will be valid evidence of goal attainment?

F. The program should provide opportunities for employed administrators to acquire knowledge and skills essential for sound administrative practice and for horizontal and/or vertical mobility in the long term care field or in other components of the health care system.

1. How appropriate do you feel this goal is to this student body and program?

_____ (1) Highly

_____ (2) Moderately

_____ (3) Not at all

2. What degree of priority do you feel the program should place upon this goal?

_____ (1) High

_____ (2) Moderate

_____ (3) Low

3. Is it stated clearly?

_____ (1) Yes

_____ (2) No, it can be improved by _____
(Please provide details.)

_____

_____ (3) No, I cannot perceive the intent.

4. If you selected options 1 or 2 to question 3, what do you feel will be valid evidence of goal attainment?

G. The program should assist administrators to develop a professional identity.

1. How appropriate do you feel this goal is to this student body and program?

_____ (1) Highly

_____ (2) Moderate

_____ (3) Not at all

2. What degree of priority do you feel the program should place upon this goal?

_____ (1) High

_____ (2) Moderate

_____ (3) Low

3. Is it stated clearly?

_____ (1) Yes

_____ (2) No, it can be improved by _____
(Please provide details.)

_____

_____ (3) No, I cannot perceive the intent.

4. If you selected options 1 or 2 to question 3, what do you feel will be valid evidence of goal attainment?

H. The program should help new administrators meet the educational entrance requirements for licensure as a nursing home administrator.

1. How appropriate do you feel this goal is to this student body and program?

_____ (1) Highly

_____ (2) Moderately

_____ (3) Not at all

2. What degree of priority do you feel the program should place upon this goal?

_____ (1) High

_____ (2) Moderate

_____ (3) Low

3. Is it stated clearly?

_____ (1) Yes

_____ (2) No, it can be improved by _____
(Please provide details.)

_____

_____ (3) No, I cannot perceive the intent.

4. If you selected options 1 or 2 to question 3, what do you feel will be valid evidence of goal attainment?

I. The program should provide access to graduate study.

1. How appropriate do you feel this goal is to this student body and program?

_____ (1) Highly

_____ (2) Moderately

_____ (3) Not at all

2. What degree of priority do you feel the program should place upon this goal?

_____ (1) High

_____ (2) Moderate

_____ (3) Low

3. Is it stated clearly?

_____ (1) Yes

_____ (2) No, it can be improved by _____
(Please provide details.)

_____

_____ (3) No, I cannot perceive the intent.

4. If you selected option 1 or 2 to question 3, what do you feel will be valid evidence of goal attainment.

J. To enable graduates to understand the distinguishing characteristics, i.e., social, political, ethical, and economic, of the health delivery system and the function of long term care organizations within the system.

1. How appropriate do you feel this goal is to this student body and program?

_____ (1) Highly

_____ (2) Moderately

_____ (3) Not at all

2. What degree of priority do you feel the program should place upon this goal?

_____ (1) High

_____ (2) Moderate

_____ (3) Low

3. Is it stated clearly?

_____ (1) Yes

_____ (2) No, it can be improved by _____
(Please provide details.)

_____

_____ (3) No, I cannot perceive the intent.

4. If you selected options 1 or 2 to question 3, what do you feel will be valid evidence of goal attainment?

K. To enable graduates to competently discharge their functional responsibilities as organizational administrators by acquiring knowledge of the underlying management and behavioral sciences fundamental to the effective practice of administration.

1. How appropriate do you feel this goal is to this student body and program?

_____ (1) Highly
_____ (2) Moderately
_____ (3) Not at all

2. What degree of priority do you feel the program should place upon this goal?

_____ (1) High
_____ (2) Moderate
_____ (3) Low

3. Is it stated clearly?

_____ (1) Yes
_____ (2) No, it can be improved by _____
(Please provide details.)

_____

_____ (3) No, I cannot perceive the intent.

4. If you selected options 1 or 2 to question 3, what do you feel will be valid evidence of goal attainment?

L. To enable graduates to internalize the value orientations identified with a human service role to achieve the highest ethical standards in the humane treatment of their patients through acquiring knowledge and understanding of the social, individual and environmental determinants of health.

1. How appropriate do you feel this goal is to this student body and program?

_____ (1) Highly
_____ (2) Moderately
_____ (3) Not at all

2. What degree of priority do you feel the program should place upon this goal?

_____ (1) High

_____ (2) Moderate

_____ (3) Low

3. Is it stated clearly?

_____ (1) Yes

_____ (2) No, it can be improved by _____
(Please provide details.)

_____

_____ (3) No, I cannot perceive the intent.

4. If you selected options 1 or 2 to question 3, what do you feel will be valid evidence of goal attainment?.

FORM 9

STUDENT'S SELF ASSESSMENT OF COMPETENCY ATTAINMENT

COMPETENCY RATING SCALE

"1" High Competency
"2" Above Average Competency
"3" Moderate Competency
"4" Slight Competency
"5" No Competency

ACQUISITION RATING SCALE

"1" All of this competency has resulted from my registration into the class.
"2" Some of this competency has resulted from my registration into the class; some has been acquired from other sources (i.e., present job, prior education).
"3" None of this competency has resulted from my registration into the class. I have acquired it from other sources (i.e., present job, prior education).

FORM 9 - Continued

Student's Self Assessment of Competency Attainment

Terminal Objectives	Competency Rating: High 1	Above Average 2	Moderate 3	Slight 4	None 5	No Response	Acquisition Rating: All 1	Some 2	None 3	No Response
1. Identify and give examples of Maslow's Hierarchy of Needs.										
2. Define motivation in terms of relationships of needs to individual and groups,										
3. Describe the following motivational theories; achievement, affiliation, power, competence, expectancy, and dissonance.										
4. Apply theories of motivation in the definition of role behavior for job-related situations.										
5. Identify and differentiate among the six major barriers to communication.										
6. Identify and define techniques which improve communication.										
7. Define the ways in which an organizational hierarchy can interfere with effective communication.										
8. Identify and define uncontrollable and controllable factors that influence behavior.										
9. Differentiate among uncontrollable and controllable factors that influence behavior.										
10. Identify differences between informal and formal organization.										
11. Identify and differentiate between the types of relationships between an informal group, the individual and the formal group.										

Form 9 - Continued

Terminal Objectives	Competency Rating: High 1	Above Average 2	Moderate 3	Slight 4	None 5	No Response	Acquisition Rating: All 1	Some 2	None 3	No Response
12. Recognize and describe the conflicts that can arise for the individual as he deals with his own objectives and those of the formal organization and informal organization.										
13. Identify the various behavioral types of work groups and the process of group decision-making.										
14. Identify and differentiate between individual and group decision-making advantages and disadvantages under a variety of organizational conditions.										
15. Identify the various tasks performed in an organization and compare the interaction of these tasks as they comprise a network of activities directed toward an organization's goal.										
16. Compare different behaviors exhibited by personnel in the various parts of an organization and determine how the organization has adapted to the coordination of conflicts between technology and people.										
17. Describe the differences found among the various types of organizations most prevalent in today's society.										
18. Appreciate the function of coordination as determined by the environment surrounding a variety of types of organizational structure.										

Form 9 - Continued

Terminal Objectives	Competency Rating: High 1	Above Average 2	Moderate 3	Slight 4	None 5	No Response	Acquisition Rating: All 1	Some 2	None 3	No Response
19. Define and differentiate between common planning and controlling processes in various organizations and the inherent behavioral implications for personal involvement.										
20. Compare and contrast the advantages and disadvantages of a variety of program and evaluation techniques resulting in the surfacing of administratively desired employee behavior patterns.										
21. Define and determine consistency and discrepancies between some current practices of leading and rewarding employee behavior.										
22. Predict the variety of behavior and performance patterns an administrator might expect as a result of the application of various leadership styles and types of reward mechanisms.										
23. Identify a variety of forms of conflict and stress and be knowledgeable of the common various sources of such stress and conflict.										
24. Identify differences between specialists and generalists and their conflict resolution giving consideration to the differences of origin or point of view inherent in positions within an organization.										

FORM 9 - Continued

Terminal Objectives	Competency Rating						Acquisition Rating			
	High 1	Above Average 2	Moderate 3	Slight 4	None 5	No Response	All 1	Some 2	None 3	No Response
25. Recognize and differentiate between some suggested methods of management of organizational conflict.										
26. Predict employee stress and emotion resulting from a variety of types of organizational conflict.										
27. Identify a variety of administrative methods employed in Organization Development Management.										
28. Recognize the limitations for consideration in administrative employment of Organizational Development Management.										

Form 9 - Continued

Student's Self Assessment of Competency Attainment

Terminal Objectives	Competency Rating: High 1	Above Average 2	Moderate 3	Slight 4	None 5	No Response	Acquisition Rating: All 1	Some 2	None 3	No Response
1. Explain how the present day concept of public health as "organized community efforts at maintaining and promoting health and preventing disease in the population," was shaped by its historical evolution.										
2. Integrate the concepts of social welfare with the concepts of health services and describe the concept of human services										
3. Describe the implications of anthropological, sociological and psychological factors for planning or providing health care.										
4. Describe the value of integrating, sociological and epidemiological approaches into an overall social-epidemiological research approach										
5. (For the following, rate a, b, and c separately). Describe the relationship among federal, state and local government in terms of their roles and responsibilities to the health system:										
a. Identify the sources of authority for each in regard to health matters.										
b. Describe the functions of agencies at each level.										
c. Describe the ways in which the authority, responsibility and functions of the agencies at each level do and do not overlap										

FORM 9 - Continued

Terminal Objectives	Competency Rating: High 1	Above Average 2	Moderate 3	Slight 4	None 5	No Response	Acquisition Rating: All 1	Some 2	None 3	No Response
6. Explain the reasons for and desirability of the disparity in the amount of funds raised for various disease categories.										
7. Analyze the merits of various approaches to overcoming personnel shortages in the Health care system.										
8. Describe seven categories of high risk mothers and children and important considerations within each category.										
9. (For the following, rate a, b, c and d separately). Describe the roles of the following types of agencies in maternal and child health:										
a. Community Institutions										
b. State Health Departments										
c. Agencies within the Department of Health, Education, and Welfare										
d. Voluntary Agencies										
10. Describe the prevalence of mental illness and financial considerations of providing mental health services.										
11. Explain the important interrelationship between environment and health.										

FORM 9 - Continued

Terminal Objectives	Competency Rating						Acquisition Rating			
	High 1	Above Average 2	Moderate 3	Slight 4	None 5	No Response	All 1	Some 2	None 3	No Response
12. Explain the ways in which the idea of regionalization is intended to address the problems of the health care system.										
13. Define evaluation and describe factors that influence the type of evaluation to be conducted.										
14. Describe the "logic" of a grant application in terms of interrelatedness of (a) statement of problem, (b) statement of objectives, (c) activities to meet objectives, (d) resources and (e) evaluation.										

APPENDIX C
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BIBLIOGRAPHY

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